

Hughenden Primary School
Parental Consent for Swimming Lessons at Wycombe Leisure Centre
Wednesday 20 September 2023 to Wednesday 6 December 2023

I give permission for my child, (insert child's name) in Year 3 to take part in weekly swimming lessons and acknowledge the need for my child to behave responsibly. I understand that my child will need to wear a swimming hat and goggles during the lessons, that they will not be out of their depth and that a life guard will be in attendance. I confirm that my child is in good health and I consider him/her fit to participate.

I enclose my contribution of £45.00 towards the cost of coach transport.

Medical Information

Any conditions requiring medical treatment, including medication? YES/NO

If yes please give brief details and ensure appropriate administrations of medicines form are completed in advance of the visit.

.....

Please outline any special dietary requirements for your child.

.....

Parent contact telephone numbers:

Work: Home:

Alternative contact details:

Name: Tel No:

Name and address of family doctor:

Name: Tel No:

Address:

Declaration

I agree to my child receiving medication as instructed and any urgent dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the class teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Parent Signature: Date:

Full Name: