

**Hughenden Primary School**  
**Parental Consent for Swimming Lessons at Wycombe Leisure Centre**  
**Wednesday 11 January 2023 to Wednesday 29 March 2023**

I give permission for my child, ..... (insert child's name) in Year ..... 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 £35.00 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.

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Please outline any special dietary requirements for your child.

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**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: .....