

# SWIMMING - CLASS 3 SUMMER TERM 2022 - Parental Consent

**Trip/Event: Class 3 Swimming - Summer Term 2022**

Dear Parents/Carers

The children from Class 3 will be going swimming after Easter. The first swimming session will take place on Friday 29th April and the children will leave school at 1.00 pm by coach.

**Swimming Dates: 29th April, 6th May, 13th May, 27th May, 17th June**

The school funds the cost of the pool hire, lifeguard and instructor, however we do ask for a contribution towards the transport costs. This would equate to £3.00 per week for the 5 weeks they are swimming (£15.00 in total). If we are in receipt of Pupil Premium for your child, this contribution is reduced to £10.00.

Please pay via [www.schoolmoney.co.uk](http://www.schoolmoney.co.uk) by Monday 25th April and complete the online consent form below, without the consent your child will not be able to attend the swimming sessions.

Please ensure that your child has their swimming costume/trunks and towel plus goggles, if necessary, on a Friday afternoon.

Kind regards

Mrs C Humber

This form has been produced for parents/carers of young people to complete and gives the necessary authority to the school to take your child out of school.

PLEASE NOTE that in signing this form your rights are not affected in any way

**School: - Otterham C P School**

**I wish my son/daughter to be allowed to take part in the above mentioned journey or visit and agree to him/her taking part in any of the activities**

\* 1. I consent to any emergency treatment required by my child during the course of the visit

- Yes
- No

My child suffers from the medical condition below (please complete) requiring regular treatment (e.g. diabetes, asthma) or allergies (e.g. antibiotics, elastoplasts, aspirin or any medicine or food/drink)

\*

\* 2. I confirm that my child does not suffer from any medical condition requiring regular treatment

- Yes  
 No

\* 3. If your child suffers from a particular complaint, is the school aware?

- Yes  
 No

\* 4. Is your child receiving treatment at present?

- Yes, please send in details  
 No

\* 5. Does your child have any special dietary needs?

- Yes  
 No

Emergency Contact Person

\*

Emergency Contact Phone Number/Mobile

\*

Name of GP

\*

Phone Number of GP

\*

Date of last Anti-tetanus injection

\*

\* 7. I consent to my child travelling by any form of public or contracted transport and/or in a motor vehicle driven by authorised staff members.

- Yes  
 No

8. I acknowledge the need for him/her to behave responsibly at all times

- Yes

Please sign below



please sign above

---

The Governing Board through its employees and agents will at all times take reasonable care of your child and his/her personal effects and money. If your child has an accident or suffers loss or damage to his/her personal effects and money which is not as a result of any lack of care on the part of the Governing Board, its employees or agents, the Governing Board will not be able to pay any damages or meet any expenses arising.

Similarly if your child incurs any liability towards a third party in respect, for example, of any injury caused by your child to that third party or damage to the third party's property, the Governing Board will not be responsible for this unless it can be shown to be at fault in some way.

---