

Bramley Sunnyside Junior School

Acting Headteacher: Mrs L. Robson

PARENTAL CONSENT FORM – SCHOOL SWIMMING LESSONS

Name Class

Date of Birth M/F

Emergency Contact Telephone No

As part of your child's education he/she will be undertaking swimming lessons this year. It is important that the swimming teacher has the following information concerning your child:

	Yes	No
Does your child suffer from any of the following:		
• Asthma (please bring inhaler to every swimming lesson)		
• Epilepsy		
• Sensory Impairment e.g. deaf		
• Grommets (recommend wearing a swim cap + ear plugs)		
• Diabetes		
Does your child take medication on a regular basis? If so, please give details:		
Does your child have any other medical conditions?, if so, please give details:		
Please give details of any past or present injuries, e.g. fractures		

Swimming Ability

Non Swimmer	5m	10m	25m	50m+	Any other awards (please specify)

I give my permission for my child to wear goggles during swimming lessons

Signature of Parent/Carer Date

Flanderwell Lane, Bramley, Rotherham, S66 3QW

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