

# PARENTAL CONSENT FOR A VISIT

Including consent for swimming activities or activities where being able to swim is essential

(To be distributed with an information sheet giving full details of the visit)

Student name: ..... Form: ..... Date of Birth: .....

## 1. Details of visit to: \_\_\_\_\_

From: \_\_\_\_\_ Date/Time: \_\_\_\_\_ To: \_\_\_\_\_ Date/Time: \_\_\_\_\_

I agree to ..... (name) taking part in this visit and have read the information sheet. I agree to .....’s participation in the activities described, including swimming. I acknowledge the need for them to behave responsibly.

## 2. PRIMARY CONTACT INFORMATION

Name: .....

Address: ..... Home Telephone N<sup>o</sup>: .....

..... Work Telephone N<sup>o</sup>: .....

..... Mobile N<sup>o</sup>: .....

### Other Emergency Contact

Name: ..... Telephone N<sup>o</sup>: .....

Address: .....

.....

## 3. FOR RESIDENTIAL VISITS AND EXCHANGES ONLY

- To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES  NO

If YES, please give brief details: \_\_\_\_\_

\_\_\_\_\_

- Is your son/daughter allergic to any medication? YES  NO

If YES, please give brief details: \_\_\_\_\_

\_\_\_\_\_

- Can your child swim? YES  NO  How far? \_\_\_\_\_

- Is your child water confident in a pool? YES  NO

- Is your child safety conscious in the water? YES  NO

I confirm that my child is in good health and I consider him/her fit to participate. Please sign here: \_\_\_\_\_

- When did your son/daughter last have a tetanus injection? \_\_\_\_\_

## MEDICAL INFORMATION – Part One

- Any conditions requiring medical treatment, including medication? Yes  No

Please give brief details of the condition: \_\_\_\_\_

\_\_\_\_\_

- Please outline any special dietary requirements of your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
