

**CONSENT FORM FOR SWIMMING ACTIVITIES OR ACTIVITIES
WHERE BEING ABLE TO SWIM IS ESSENTIAL**

SWIMMING ABILITY

- Is your child able to swim 50 metres? **YES/NO**

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

- Is your child confident in the sea or in open inland water? **YES/NO**

- Is your child safety conscious in water? **YES/NO**

1. I would like *(name)* to take part in the specified visit and having read the information provided agree to him/her taking part in the activities described.

2. I consent to any emergency medical treatment required by my child during the course of the visit.

3. I confirm that my child is in good health and I consider him/her fit to participate.

Signed: Date:

Full name of parent/guardian:

**THIS FORM OR A COPY SHOULD BE TAKEN BY THE GROUP LEADER
ON THE VISIT.**