

## Parent/Guardian Consent Form – School Swimming

Name  Date of birth

**Current swimming ability:**    **Non swimmer**    **Able to swim 5m**    **10 - 25m**    **25m +**

**Does your son/daughter have any medical conditions or allergies?**    ☐ Yes    ☐ No

If yes, please specify

**Is your son/daughter required to have medication with them when taking part in sport?**

Yes ☐    No ☐    If yes, what kind?

**Is your son/daughter considered disabled?**    Yes ☐    No ☐

**If yes what is the nature of the disability?**

**Does your child have special educational needs**    Yes ☐    No ☐

**At times it may be required for swimming teachers/school staff to provide manual support within the swimming lesson following the STA guidelines. Do you consent to this?**

Yes ☐    No ☐

**Full Name of parent/guardian**

**Home phone number**

**Emergency phone number of another contact**

**Mobile Phone number**

- **I agree to my son/daughter taking part in the activities of the swimming sessions\***
- **YOURTRUST and your child's school will utilise Swimphony digital solutions for the management of the school swimming lesson programme\*\***

Signed  Date

Relationship to participant

*\* Swimming is a compulsory requirement within the National Curriculum at Key Stage Two*

*\*\*Swimphony is GDPR compliant digital solution for swimming lesson management. More details can be found at <https://www.swimphony.com/swimphony-legal-and-gdpr/>*