

Rochdale Link4Life Parent/Guardian Consent Form – School Swimming

Name Date of birth

Address

School attending

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

Does your son/daughter take part in our evening lesson programme level.....

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

If yes, please specify

Does 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?

Ethnicity: White/British European Black or Black British Mixed
Asian or Asian British Chinese or other

Full Name of parent/guardian

Home phone number

Emergency phone number of another contact

Mobile Phone number

Consent for swimming:

I agree to my son/daughter taking part in the activities of the swimming sessions.

Yes No

Signed Date

Relationship to participant