



ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.

Coronation Avenue, Wilford, Nottingham NG11 7AB

☎ 0115 9152961 Fax 0115 9152962

Email: [admin@st-patricks.nottingham.sch.uk](mailto:admin@st-patricks.nottingham.sch.uk)

Website: [www.st-patricks.nottingham.sch.uk](http://www.st-patricks.nottingham.sch.uk)



Headteacher: Mrs T Lane

Thursday 29<sup>th</sup> November 2018

Dear Parents and carers,

### **SWIMMING FOR CLASS 4**

Class 4 will be having swimming lessons at Portland Swimming Pool from **Thursday 10<sup>th</sup> January to Thursday 14<sup>th</sup> February 2019.**

Swimming lessons form an important part of the National Physical Education Curriculum and we are delighted to offer the children in Class 4 these weekly lessons. It is expected that all children will take part in the swimming lessons, exemptions are not permitted unless we receive a Doctor's note confirming that due to health reasons, the child is unfit to take part in the swimming lessons until further notice.

Therefore, please ensure that your child brings his/her swimming costume and towel in a separate bag every Thursday.

The Nottingham Schools' Swimming Programme, of which we are part, have strict regulations regarding the safety of pupils during school swimming sessions. Please read these health and safety reminders carefully to allow us to keep your child safe during their swimming lessons.

**Swimming Attire** - *It is the responsibility of the school to ensure girls wear a one-piece swimming costume and boys wear swimming trunks or swimming shorts that are above the knee with no pockets.*

**Jewellery** - *Nottingham School Swimming operates a strict no jewellery policy.*

**Goggles** - *we recommend that pupils are taught to swim without the use of goggles. Children who swim frequently or whose eyes are susceptible to irritation may use their own goggles for swimming. Parents should hand in a signed consent letter to the school before the child uses their goggles in swimming lessons.*

**Long hair** – *this should either be tied back or worn under a hat. This is the same for boys and girls*

**Medical Conditions** – *please complete the attached form to inform us of any medical conditions (including asthma). Please note if your child uses an asthma reliever inhaler, they will not be allowed to go swimming unless they have it with them.*

Further information on these matters can be found in the Nottingham School Swimming - Safe Practice in School Swimming document, which is available at school on request

**Please complete the attached consent form and return to your class teacher or the office no later than Friday 7<sup>th</sup> December 2018.**

Thank you for your continuing support,

Mr G. Slight  
PE Coordinator.



**CONFIDENTIAL CONSENT FORM FOR YOUNG PEOPLE**

**1. CONSENT FOR PARTICIPATION IN THE VISIT:**

Name of Establishment/Group: **St Patrick's Catholic Voluntary Academy – Class 4**  
Visit to: **Swimming lessons at The Portland Centre**  
Details Activities to be undertaken: **Swimming lessons**  
Date(s) / Times: From: **Thursday 10<sup>th</sup> January – Thursday 14<sup>th</sup> February 2018**

**I agree to my son/daughter:** \_\_\_\_\_ (name) taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in the activity described. I acknowledge the need for obedience and responsible behaviour on his/her part.

If water activities are involved, is your child confident in water? (please circle) **YES / NO**

**2. MEDICAL INFORMATION, DECLARATIONS AND CONSENT:**

a) Son/daughter's date of birth: \_\_\_\_\_

b) Does your son/daughter suffer from any conditions of which the staff leading the visit should be aware: \_\_\_\_\_  
**YES / NO**

Please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc: \_\_\_\_\_

\_\_\_\_\_

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc: \_\_\_\_\_

\_\_\_\_\_

**I give my consent \*\*** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavor to respond appropriately should emergency treatment be required.

**I give my consent \*\*** for son/daughter to self-administer the above drugs. **\*\* Delete if not applicable**

d) 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, or become, contagious or infectious?:

**YES / NO**

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

e) Is your son/daughter allergic to any foods or medication: \_\_\_\_\_ **YES / NO**

If **YES**, please specify: \_\_\_\_\_

- 
- f) When did your son/daughter last receive a tetanus injection?: \_\_\_\_\_
- g) Please outline any special dietary requirements of your child: \_\_\_\_\_
- h) I undertake to inform the group leader/head of establishment as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.
- i) I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

**3. CONTACT NUMBERS:**

- a) I may be contacted by telephoning the following numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

My home address is: \_\_\_\_\_

- b) If not available at home, please contact:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

- c) Name, address and telephone number of family doctor: \_\_\_\_\_

---

**4. ANY OTHER RELEVANT INFORMATION:**

---

**5. SIGNATURE:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_ Parent/Guardian