

RAF ODIHAM SWIMMING POOL PARENTAL CONSENT



PARENT / GUARDIAN DETAILS			
Surname:		Rank / Title:	
First Name:		Service No:	
Home Address:		Emergency Tel No 1:	
		Emergency Tel No 2:	
CHILD DETAILS			
Surname:		Age:	
First Name:		D.O.B:	
SWIMMING ABILITY			
1. Is your child a competent swimmer? (National Curriculum Key Stage 2 or ASA Learn to Swim Framework Phase 7)		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
2. Is your child water confident in a swimming pool?		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
3. Is your child safety conscious in water?		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
HEALTH INFORMATION			
Does your child suffer from any medical condition or take regular medication?		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
<p>If 'YES, please state condition below(i.e. asthma, epilepsy, diabetes, heart problems, vision impairment, hearing impairment, ear disorder, incontinence, seizures, skin condition, communication difficulties, allergies, etc...).</p> <hr/>			

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PARENTAL CONSENT

I, the undersigned agree to the following statements:

- I consent for my child, whose details are above, to be allowed unaccompanied access to RAF Odiham "Swim Odiham" Swimming Pool without my supervision.
- I confirm that my child is 8 years of age or over.
- I will instruct my child to notify the lifeguards if they feel uncomfortable or unwell.
- I will instruct my child that they are expected to behave safely and in accordance with the conditions of entry as well as adhering to ALL instructions provided by the lifeguards who will be acting in the interest of their safety.
- I am aware of the dangers involved in swimming related activities and that there is an element of risk involved.
- I consent to my child undergoing first aid treatment from a member of staff holding a valid first aid qualification.
- I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Terms of Parental Consent

1. Signing this consent form does not guarantee your child exemption of a swim test if the lifeguard deems it appropriate.
2. The management may (without prejudice to their rights and remedies in respect of anything previously done) revoke consent forthwith at any time without prior notice or reason for such action.
3. I confirm that all the above information is correct and if any information changes I will notify RAF Odiham 'Swim Odiham' Swimming Pool.

Parent / Guardian Signature:		Date:	
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Official Use Only

Duration	3 Months	Staff Name:	
Expiry Date		Staff Signature:	