



# Richmond View School

## AQUATIC ACTIVITY CONSENT

*For activities where being able to swim is essential. Activity leaders will still be required to ascertain students' swimming ability for themselves, even if parents have provided consent.*

Specified event

**Aquablast swimming lessons**

Swimming ability	Yes	No	Don't know
1 Can your child swim 50 metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Is your child water-confident in a pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Is your child confident in deep water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Can your child tread water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Can your child survival float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Is your child confident in the sea or open inland water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Is your child safety-conscious in and around water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I give permission for my child, \_\_\_\_\_, to participate in Aquablast swimming lessons.

	Yes	No
I have received sufficient information about the event and agree to my child taking part in the activities.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to any emergency treatment required by my child during the course of the event.	<input type="checkbox"/>	<input type="checkbox"/>
I confirm that my child is in good health, and I consider them fit to participate.	<input type="checkbox"/>	<input type="checkbox"/>

Parent/caregiver's full name

Signature

Date