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|  | 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.* |

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| **Specified event** | **Fundamental Skills at Stadium 2000** |
|  |  |
| **Swimming ability** | **Yes** | **No** | **Don’t know** |
| **1** | Can your child swim 50 metres? |  | □ | □ | □ |
| **2** | Is your child water-confident in a pool? |  | □ | □ | □ |
| **3** | Is your child confident in deep water? |  | □ | □ | □ |
| **4** | Can your child tread water? |  | □ | □ | □ |
| **5** | Can your child survival float? |  | □ | □ | □ |
| **6** | Is your child confident in the sea or open inland water? |  | □ | □ | □ |
| **7** | Is your child safety-conscious in and around water? |  | □ | □ | □ |

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| **I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to take part in the water activities at Fundamental Skills.** |
|  |  | **Yes** | **No** |
| I have received sufficient information about the event and agree to my child taking part in the activities. |  | □ | □ |
| I consent to any emergency treatment required by my child during the course of the event. |  | □ | □ |
| I confirm that my child is in good health, and I consider them fit to participate. |  | □ | □ |
|  |
| **Parent/caregiver’s full name** |  |
| **Signature** |  | **Date** |  |