



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.

Specific events

Aquablast. Swimming lessons at Stadium 2000

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 take part in Aquablast.

	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 _____