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**Swimming Permission:**

Dear Parents / Carers

Please could you complete the permission slip below and return to school. This will need to be completed before your child can start attending swimming sessions.

Many thanks

Sara Ainsworth (Headteacher)

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Pupil Name:

Class:

I understand that my child will access the swimming pool at Brookfields for swimming lessons.

**Please delete as appropriate the statement below.**

* I give my permission for my child to take part in these sessions.

**or**

* I do not give my permission for my child to take part in these sessions.

Please provide some information about your child’s ability / confidence in a swimming pool (e.g. do they visit a pool regularly, do they wear armbands, are they afraid of water etc.)

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

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