



# The Longcroft Christian Trust Swimming Consent Form

Church Group/Organisation: \_\_\_\_\_

Full name of child/young person \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Details of any regular medication, medical conditions (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect the swimming activity and/or activity where being able to swim is essential:

\_\_\_\_\_

\_\_\_\_\_ Date of last anti-tetanus injection \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of parent/carer \_\_\_\_\_

Tel no: Day: \_\_\_\_\_ Eve: \_\_\_\_\_ Mobile \_\_\_\_\_

Additional contact (grandparent etc or other holding parental responsibility)

Name: \_\_\_\_\_ Tel no: \_\_\_\_\_

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility

Name(s): \_\_\_\_\_ Tel no: \_\_\_\_\_

Address: \_\_\_\_\_

SWIMMING ABILITY (delete as appropriate)

Is your child able to swim 50 metres?	YES/NO
Is your child water-confident in a pool?	YES/NO
Is your child confident in the sea or in open inland water?	YES/NO
Is your child safety conscious in water?	YES/NO

I give permission for \_\_\_\_\_ to take part in the specified visit and, having read the information provided, agree to him/her taking part in the activities described. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church/organisation leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity. I confirm that my child is in good health and I consider him/her fit to participate.

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/ hospital or dental treatment including an anaesthetic (please tick)  YES  NO

Signed (parent/or adult with parental responsibility) \_\_\_\_\_

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB This may not include foster carer)

This form should be taken by the group leader on the visit. A copy should be retained by the church contact person.