

Arreton St George's C.E. (Aided) Primary School
School Lane Arreton Isle of Wight PO303AD
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Executive Head: Mrs L Bosworth
Head of School : Mrs M Herbert

16th March 2017

Swimming Lessons for Year 3 pupils

Dear Parents/Carers,

Starting from Thursday 19th April 2018, all year 3 pupils will be participating in 10 weeks of swimming lessons at The Heights Leisure Centre in Sandown. The final session will be on Thursday 28th June 2018. The arrangements are as follows:

Pupils will travel to/from school by private coach transport.

Pupils will return to school at the slightly later time of 3pm, please collect your child from the playground. The children will be released from the classroom door.

All pupils will need the following named items in a waterproof bag: towel + turbie twist hair towel for girls if they have one, swimming costume, goggles (optional), Verrucae sock (if needed) and a hairbrush. Please note due to time restrictions pupils will not be able to shower or shampoo their hair.

Please don't hesitate to contact me with any questions.

Yours sincerely,

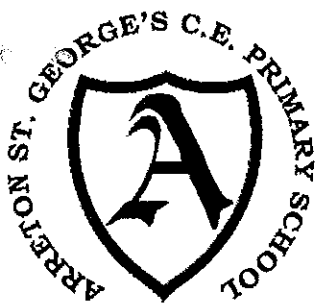
Miss S Horne

Please complete and return to the school office, together with the completed EV3 form by Wednesday 28th March.

Name

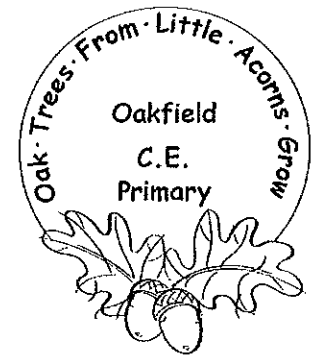
Can/Cannot swim 5 metres 10 metres 25 metres

Signed.....



The Arreton & Oakfield Federation

Executive Headteacher: Mrs. Laura Bosworth



Educational visit information and consent form for swimming at The Heights

Leisure Centre *(please complete both sides)*

Name of establishment ARRETON CE AIDED PRIMARY SCHOOL

Personal details

First name of participant Surname

Date of birth Age male / female

Address

..... Post code

Name of next of kin

Next of kin address during the activity (if different from above)

..... Post code

Contact no: Home Work Mobile

Name and address of participant's doctor

Telephone no NHS no (if known)

Consent for the visit

The visit:..... The Heights Leisure Centre Date of visit:..... 19/4/18 – 28/6/18

I confirm that I have parental responsibility for

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in your letter.

Signed.....

Please print name here

Address

..... Post code

Where water sports are part of the intended programme, please tick **one** of the boxes below to confirm the water capability of your child as appropriate:

My child is water competent (I confirm my child can swim 50 metres in a pool or sea)

My child is water comfortable (I confirm my child has been in a pool or the sea and confirm he/she can submerge their head under the water without becoming distressed)

My child is water confident (I confirm my child can swim 25 metres in a pool or sea)

My child is not water comfortable and I **do not** consent to their involvement in water sports

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details:

.....
.....

If it is considered necessary, do you agree to mild painkillers being administered (School will take a supply ie Calpol, Nurofen to off Island or residential trips) Yes No

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided to prevent sun burn? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics or a blood transfusion. Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets): Yes No

.....
.....

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed (for participants under 18 years of age)
Person with parental responsibility

Please print name here

Date

Consent for taking images

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child/me being taken, I consent to them being used for educational purposes. Yes No

I consent to the images being used on the website Yes No

Signed (for participants under 18 years of age)
Person with parental responsibility

Date