



MARL PITS



CONSENT FORM

for the use of goggles in School Swimming Lessons

Dear Parent/Guardian

Your child has requested a form so that they will be permitted to wear goggles during their school swimming lessons. Please confirm that you have discussed the following with your child.

Swimming goggles, if worn or used incorrectly, have been known to cause injury to the wearer and to other swimmers. Whilst the swimming teacher will take every possible care, no guarantees can be given that the goggles will not cause injury to the pupil.

Please ensure:

- Your child is able to correctly put on, remove and alter their goggles unassisted. Teachers cannot be responsible for fitting the goggles.
- The goggles are in good condition.
- That you understand your child will be required to complete the water safety aspect of the curriculum without the use of goggles.

If you are happy your child is aware of all the information above, please sign the consent form and return the slip to your child's teacher.

PLEASE COMPLETE AND RETURN SLIP TO YOUR CHILD'S SCHOOL

I, as parent/guardian of: _____ (BLOCK LETTERS)

Attending: _____ (SCHOOL)

have read the above letter and give my consent for the above named to wear goggles during school swimming lessons.

Signed: _____ Date: _____



www.rltrust.co.uk

Adrenaline: 01706 227016 Marl Pits: 01706 226850

CODE FORTHIS FORM?