25 November 2019

Re: Year 3 Curriculum Swimming Programme

Dear Parent/Carer,

Your child’s module of Curriculum Swimming lessons is due to begin on Wednesday 11th December 2019 for a duration of 13 weeks, a timetable is attached. We will be using Wath Leisure Centre and children will be taken by coach.

Every Wednesday, your child will need to bring a swimming bag containing:

- **Swimming costume or trunks;**  
  Girls should have a one piece bathing suit, no bikinis or tankinis.

  Boys should wear swimming shorts, but these should be tight fitting and should not be longer than the middle of the thigh.

- **Bath towel;**
- **Swimming Cap** (for all children);
- **Goggles** (optional, however, not advised unless for medical reasons, eg. Prescription goggles).

Swimming caps can be purchased from school for £2.50.

Any medication your child may require, such as asthma medication, will be taken to the pool.

Please fill in the attached form and return to school as soon as possible. If you have any questions or queries, please do not hesitate to contact me.

Yours Faithfully

Mr Turner
Class Teacher

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Learn to Swim – Parental Consent Form

Name ___________________ School ______________
Date of Birth ______________ Class ______________
Tel number ______________

As part of your child’s education he / she will be undertaking swimming lessons this year. It is important that the school has the following information concerning your child:

<table>
<thead>
<tr>
<th>Does your child suffer from any of the following</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>• Asthma (please bring inhaler to every swimming session)</td>
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<tr>
<td>• Epilepsy</td>
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<td>• Sensory impairment (e.g. deaf)</td>
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<td>• Grommets (recommend wearing ear plugs and a swimming cap)</td>
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Does your child take any medication on a regular basis?
Give details:

Does your child have any other medical condition?
Give details:

Please give details of any past or present injuries, e.g. fractures

Swimming ability:

<table>
<thead>
<tr>
<th>Non-swimmer</th>
<th>5m</th>
<th>10m</th>
<th>25m</th>
<th>50m+</th>
<th>Any other awards ( )</th>
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I give my permission for my child to wear goggles during swimming lessons

Signature of Parent / Guardian................................. Date .................

Please note your child will not be allowed to swim unless this form is completed and returned to your child’s school