



Please complete this section **in English** and return to school by

Date for permission note return

SCHOOL SWIMMING AND WATER SAFETY PROGRAM CONSENT FORM

I hereby consent to the attendance of my son/daughter _____
Name of student

at the School Swimming Scheme. Classes will be held at _____
Name of pool

from _____ to _____
Start date Finish date

In the event of injury or illness, I also authorise (on my behalf) the seeking of such medical assistance that my child may require. My child has special needs that you should be aware of (e.g. allergies, sensory impairment). These are:

Parent's
signature: _____ Date: _____
Parent's signature Date

TO BE RETAINED AT THE SCHOOL

Privacy Notice

The personal information provided on this permission note, will be used by the NSW Department of Education for general administration and communication and other matters of welfare relating to your child at this event. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so, may impede the resolution of welfare issues should you not be able to be contacted. This information will be stored securely.

Please be aware that if there is media exposure at this event, this may result in your child's name, school details and/or photograph appearing in a newspaper, on television or on the School Sport Unit Website.

ENGLISH