



BROOKFIELD JUNIOR SCHOOL SWIMMING



Child's name _____ Class _____

Non-swimmer

Can swim 5m (front and back) and is at least 1.22m tall

Can swim 25m and tread water for 2 minutes

I am able to help walk the children to and from the Larkfield Leisure Centre

I am willing to be police checked

I have a current DBS check

Does your child have any medical condition that may affect their participation in these lessons? (e.g. asthma, epilepsy) YES/NO

If YES please specify
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.....

As you have completed a BJS-V4 (yellow form) we intend using this information to cover any further visits this academic year. However, if there are any changes regarding your child's medical condition, a new BJS-V4 (yellow form) needs to be completed and returned to school before the visit takes place. Please note that it is your responsibility to keep the school up-dated with any medical changes concerning your son/daughter.

Should the necessity arise, I agree to the person in charge of the party giving consent on my behalf, for anaesthetic to be administered and any other urgent medical treatment to be given.

Signed _____ Date _____

Print _____

This form must be returned to school by Wednesday 1st April 2015

