

Executive Headteacher: Mrs A Lightbown

Lead Teacher: Mrs L Turk

Aslacton Primary School, Church Road, Aslacton Norwich, Norfolk, NR15 2JH Tel: 01379 677345

Dear Parents/Carers,

Swimming

We will once again be taking children to Diss Swimming Pool for their swimming lessons in the spring term.

Starting 8th January until 12th February (Tuesdays) we will be taking years 3, 4, 5 and 6.

Starting 26th February until 2nd April (Tuesdays) we will be taking years 2, 3, 4 and 5.

All children will require a one-piece swimming costume (no bikinis or tankinis) or swimming trunks, a towel, swimming hat (this is compulsory). If your child wishes to wear goggles these need to be provided. If your child requires arm bands, please send these too. Earrings must be removed.

The children will be travelling by coach and at all times, both on the coach and at the pool, the children are accompanied and supervised by members of school staff. At the pool, all children are taught by qualified swimming teachers.

Please complete the attached form (even if your child is not swimming until after February half term) and return to school by Tuesday 18th December. Please also complete the swimming competency as best suits your child at the bottom of the form to ensure that we can provide the correct information to the swimming pool as to their abilities.

If you have any questions, please come and speak to me.

Yours sincerely,

Laura Turk

Lead Teacher

Parental Consent Form**To be completed by the Visit Leader:**Please return to: **The School Office**

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Place of visit: **Diss Swimming Pool, Diss**Date: **8th January until 12th February Years 3, 4, 5 and 6**
26th February until 2nd April Years 2, 3, 4 and 5Method of travel: **Hired Coach****To be completed by the Parent/Guardian**

I am willing for my child _____ Class _____

to take part in the above visit/journey and, having read the information provided in the information letter sent home with this form, I agree to his/her taking part in the activities described.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Corvus Education Trust, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Corvus Education Trust, its employees or official volunteers.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

* please delete as appropriate

I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Signature of Parent / Guardian:

Emergency Contact Number for Tuesday mornings:_____
Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.**Current swimming ability:** (swimming aids= arm bands/floats)My child does not attend lessons but is a competent swimmer (able to swim 25m unaided): My child attends swimming lessons and swims without swimming aids: My child attends swimming lessons and requires swimming aids: My child is unable to swim: