

**Consent form for swimming activities or activities  
where being able to swim is essential**

*Meadow Way Chapel, Hellesdon, Norwich*

Consent does not remove the need for church/group to ascertain for themselves the level of the child's / young person's swimming ability

Church Name: Meadow Way Chapel, Hellesdon, Norwich

Church group(s): .....

Your child's name: ..... Date of birth: .....

Your child's address: .....

..... Postcode: .....

Your name (as parent/main carer): .....

Your phone no: Day ..... Night: .....

Name of an additional contact:.....  
(Grandparent, friend, etc)

Their Phone No: Day ..... Night: .....

Child's GP: .....

Child's GP Phone No: ..... Child's National Health Number: .....

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect the swimming activity and/or activity where being able to swim is essential:

Please state date of last anti-tetanus injection if known: .....

**Swimming ability**

- |                                                             |          |
|-------------------------------------------------------------|----------|
| Is your child able to swim 50 metres?                       | YES / NO |
| Is your child water-confident in a pool?                    | YES / NO |
| Is your child confident in the sea or in open inland water? | YES / NO |
| Is your child safety conscious in water?                    | YES / NO |

I give permission for ..... to take in the specified visit and, having read the information provided, agree to him/her taking part in the activities described. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic YES / NO

I confirm that my child is in good health and I consider him/her fit to participate.

Signed (parent/or adult with parental responsibility) ..... Date: .....

NB The information part can be completed by a carer. Only those with parental responsibility (e.g. this does not include a foster carer) can sign the consent.

This form or a copy should be taken by the group leader on the visit.  
A copy should be retained by the church contact person.

Meadow Way Chapel, Chapel Court, Hellesdon, Norwich, NR6 5NV  
Church phone number: 01603 484784  
Church web site: <http://www.meadow-way.org.uk>