

Moss Bury Primary School and Nursery

Webb Rise
Stevenage
Hertfordshire
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Headteacher: Michael Dean

24th April 2019

Dear Parents,

Year 2 - Swimming Arrangements

Year 2 will start swimming lessons at the Town Pool on Monday afternoons. Lessons will commence next week on Monday 29th April and run through until Monday 22nd July 2019 (excluding Monday 6th May - Bank Holiday and Monday 27th May – Half Term), making a total of 11 sessions.

Children will receive swimming tuition from the Town Pool instructors and will travel to and from school by coach. We therefore ask you for a weekly contribution of £3.50 towards the cost of tuition and travel expenses.

Children will need to bring their costumes and a towel, clearly named, in a bag. Swimming trunks and one-piece costumes should be worn (no bikinis or shorts). No earrings or jewellery are allowed to be worn and children will be asked to remove them before the lesson commences.

Please note because of the time of the lessons, the children are often not back until 3:30pm.

Would you please complete the slip below and both sides of the Parental Consent form attached and return them to school this week by Friday 26th April 2019.

Yours sincerely,

M.D.

Mike Dean
Headteacher

✂.....

Year 2 Swimming Sessions

I give permission for (child's name) to take part in weekly swimming lessons at the Stevenage Swimming Centre from 29th April to 22nd July 2019.

I agree to send in a weekly contribution of £3.50

Signed (Parent/Guardian) Date.....

FORM OV 7A	PARENTAL CONSENT FORM
Establishment:	
Moss Bury Primary School	



To be completed by group leader/organiser

Visit:	Stevenage Swimming Centre	
Group Leader:	Miss J Cotton	
Date of Visit:	From: Monday 29 th April 2018	To: Every Monday through to 22 nd July 2019
Is a photograph of participant required:	No	

To be completed by the parent/adult responsible for a child/young person.

Child/Young Persons Full Name:	
Date of Birth:	
Does the above person:	
• Have a medical condition requiring medical treatment or medication?	Y/N
• Have an allergy to certain medications?	Y/N
Is he/she able to administer his/her own medication?	Y/N
Please give details of medical condition/treatments or allergies to medications below:	
Has he/she been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?	Y/N
If yes, give details:	
Does he/she have any special dietary requirements?	Y/N
If yes, give details:	
I wish to draw the following to the group leader attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):	
SWIMMING ABILITY If water based activities are planned, please detail the child/young persons swimming ability below:	

EMERGENCY CONTACT INFORMATION		
	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:	Day:	
	Evening:	
	Other:	
FAMILY DOCTOR DETAILS		
Name:		
Address:		
Telephone Numbers:		

DECLARATION: I have received and understood the details of the visit.	
I agree that (full name of child/young person) _____:	
<ul style="list-style-type: none"> can participate in the visit and activities described; can be transported in the private vehicles of staff/volunteers supervising the visit; is in good health and fit to participate in the activities described; can receive medical treatment as necessary. 	
I undertake to inform the group leader as soon as possible of any change in medical circumstances.	
I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.	
Signed:	Name in Capitals:
Relationship	Date:
Address:	
Postcode:	
Telephone No:	
Where required, has a passport sized photograph been attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE EMERGENCY CONTACT.

The declaration on this form must be signed by someone with parental responsibility for the child/young person.