Dear Parents/Carers,

Re: Year 4 Swimming Lessons – Pine Class Miss Wharton

As you may be aware, we have been able to provide swimming lessons for children in Year 4. We provide these as part of the physical education curriculum.

Miss Wharton’s class, Pine, will begin their lessons this term. Their first lesson will be:

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The lessons will be held at the swimming pools at Everyone Active Acton. The children will leave school straight after morning registration (approximately 9:00am) and will be taken by coach to the swimming pool with Miss Wharton and Miss Finn. They will return to school for 10:30am.

Please ensure that your child brings their swimming kit to school every Wednesday in a clearly labelled bag. This includes:

- towel
- swimming costume for girls
- swimming trunks for boys (not baggy shorts)
- swimming hat (these must be worn and may be purchased at the pool for £7 – this is quite expensive and you can find cheaper swimming hats at a sporting goods store
- goggles (optional)

Swimming is a statutory part of the National Curriculum. This means that all children are required to attend swimming lessons. If your child is unwell and unable to go swimming, then you must send a letter into school. If the illness persists, then a doctor’s certificate will be required.

Yours faithfully,

Miss Villa

Year 4 Leader
FOR SWIMMING LESSONS

School/Group: Pine Class  West Acton Primary School

Dates of visits

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Swimming Baths – Spring 2019 – 2020

1. I agree to ______________________________ (name) taking part in swimming lessons and have read the information sheet. I agree to his/her participation in the activities described. I acknowledge the need for him/her to behave responsibly.

2. Medical and dietary information about your child

   a. Does your child have any conditions requiring medical treatment, including medication? YES/NO

   If YES, please give brief details. For medication, include details of dosage, and ensure the school has a supply of this medication for the visit:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   b. Please outline any special dietary requirements of your child, allergies, food Intolerances.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   c. Please outline any special type of pain/flu relief medication your child may be given if necessary:

   ________________________________________________________________
d. Is your son/daughter allergic to any medication? YES/NO

If YES, please specify:

____________________________________________________________________

____________________________________________________________________

e. When did your son/daughter last have a tetanus injection? _______________

f. Name, address and telephone of family doctor:

____________________________________________________________________

____________________________________________________________________

3. Swimming ability

- Is your child able to swim 25 meters? 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 of water? YES/NO

I will inform the Group/Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement or during the course of the swimming lessons.

4. Parental Declaration

4.1 I would like my child named above to take part in the specified swimming lessons and having read the information provided agree to him/her taking part in the activities described.

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

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

Signed: __________________________ Date: __________________________

Full name of parent/guardian: __________________________________________

Telephone numbers: Home: ___________ Work: __________________________

My home address is: ________________________________________________