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|  | Richmond View School |
| **aquatic activity consent** |
|  | *For activities where being able to swim is essential. Activity leaders will still be required to ascertain students’ swimming ability for themselves, even if parents have provided consent.* |

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| --- | --- | --- | --- | --- | --- | --- |
| **Specified event** | | **Fundamental Skills at Stadium 2000** | | | | |
|  | |  | | | | |
| **Swimming ability** | | | | **Yes** | **No** | **Don’t know** |
| **1** | Can your child swim 50 metres? | |  | □ | □ | □ |
| **2** | Is your child water-confident in a pool? | |  | □ | □ | □ |
| **3** | Is your child confident in deep water? | |  | □ | □ | □ |
| **4** | Can your child tread water? | |  | □ | □ | □ |
| **5** | Can your child survival float? | |  | □ | □ | □ |
| **6** | Is your child confident in the sea or open inland water? | |  | □ | □ | □ |
| **7** | Is your child safety-conscious in and around water? | |  | □ | □ | □ |

|  |  |  |  |  |  |  |
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| **I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to take part in the water activities at Fundamental Skills.** | | | | | | |
|  | | | |  | **Yes** | **No** |
| I have received sufficient information about the event and agree to my child taking part in the activities. | | | |  | □ | □ |
| I consent to any emergency treatment required by my child during the course of the event. | | | |  | □ | □ |
| I confirm that my child is in good health, and I consider them fit to participate. | | | |  | □ | □ |
|  | | | | | | |
| **Parent/caregiver’s full name** |  | | | | | |
| **Signature** |  | **Date** |  | | | |