

## BLACKPOOL SCHOOLS SWIMMING SERVICE PUPILS MEDICAL INFORMATION

As part of your child's education he/she will be commencing school swimming. Please provide as much detail as possible regarding any medical condition that your child may have which may affect your child's performance whilst attending swimming lessons.

Please ensure that school are informed of any changes in medical conditions throughout the school swimming year.

**Pupils Name** ..... **Class** .....

**School** .....

**Does your child have any of the following conditions?**

**(Please clearly indicate with a X )**

**Asthma (Inhalers must be provided each week)**

**Yes**

**No**

**Epilepsy**

**Yes**

**No**

**Diabetes**

**Yes**

**No**

**Sensory impairment**

**Yes**

**No**

**Do your child have any disability or mobility problems**

**Yes**

**No**

**If yes to any of the above or if your child has any other medical condition not listed that you feel would affect your child's performance whilst swimming please provide further details.**

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.....

**Signed** ..... **Parent / Guardian Date** .....

### TO BE RETURNED TO THE CLASS TEACHER

Activity Consent – Under 18 years

The personal information on this form will be retained by the Blackpool school swimming service for the duration of the school swimming year to demonstrate that medical information and parental consent was sought for the child detailed above to take part in the specified activity(s). The school swimming service will use the information provided to ensure that staff delivering the sessions are aware of any medical or special support needs. We will not share your child's personal information with any third parties.

Blackpool Council is the Data Controller for the personal information you have provided in this form. The Council's Data Protection Officer can be contacted at [DPA@blackpool.gov.uk](mailto:DPA@blackpool.gov.uk).

For further information about how Blackpool Council uses your personal information, including your rights as a Data Subject, please see our website <https://www.blackpool.gov.uk/privacy>

**SWIMMING GOGGLES – ADVICE TO PARENTS**

Dear Parent/Carer,

It is the recommendation of the Schools’ Swimming Service that children who wish to wear goggles during school swimming lessons can do so providing the parent/ carer sign the attached disclaimer and ensure the guidelines are followed.

- 1 The use of goggles is only advisable when a swimmer suffers an excessive reaction to the chemicals in the water and when the swimmer is involved in lengthy swimming sessions.
- 2 Goggles may cause injury, even resulting in blindness, if a child is knocked when swimming or diving or when putting them on or removing them.
- 3 If goggles need to be used ensure you choose a pair that fit properly. Leaking goggles could affect the child and waste valuable lesson time. The goggles should conform to (BSI) British Standards Institution and not made of glass or breakable plastic.
- 4 The service requests that you the parent/carer have read and understood the manufacturer’s advice concerning the use and maintenance of goggles, and that you have explained the advice to your son/daughter. In particular, ensure you have covered warnings on eye safety.
- 5 Prior to use in a school swimming lesson your child should be instructed and demonstrate to you that they are competent at putting the goggles on in the correct way and removing them safely.
- 6 On occasions your child will not be allowed to wear goggles for specific water or diving activities for safety reasons
- 7 It should be remembered that, in the event of your child being involved in a hazardous water situation, it is extremely unlikely that he/she would be wearing goggles. It is therefore highly desirable that your child becomes proficient in swimming without being dependent on goggles.

**If your child needs to wear goggles in school swimming lessons please complete the form below**

**For the parent/carer to sign**

**I, the parent/ carer of: \_\_\_\_\_ hereby confirm that I wish my son/ daughter to wear goggles/glasses (delete as appropriate) during school swimming lessons. I have read and understood the Schools’ Swimming Services recommendation and have explained the advice to my son/ daughter. I will not undertake to pursue the council for any loss or damage to my child as a direct result of wearing goggles during the Schools’ Swimming sessions.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please print name: \_\_\_\_\_**

**Please complete and return a copy to the school prior to the swimming lessons.**