

Appendix 4

CONSENT FORM FOR SWIMMING ACTIVITIES OR ACTIVITIES WHERE BEING ABLE TO SWIM IS ESSENTIAL

This information you provide will be processed for educational purposes. To ensure confidentiality and privacy, all processing will be carried out under the requirements of the Data Protection (Jersey) Law 2018. This information may be disclosed and used outside the Department where it is considered to be in the pupil's best interests. Your child's name and image may also be included in school and other publications where this is considered not to be against his/her interests. Should you require us to seek your individual consent to these disclosures, please advise us in writing.

Consent does not remove the need for group leaders to ascertain for themselves the level of the pupil's swimming ability

Activity to be undertaken:

SWIMMING ABILITY – Please tick the appropriate box

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 land water?	YES	NO
Is your child safety conscious in water?	YES	NO
Any further related information you may wish to provide		

Student Name		Year group	
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1. I would like my child to take part in the specified visit and having read the information provided agree to him/her taking part in the activities described.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.

Signed:		Date:	
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Full Name:		Relationship:	
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