



Coston Primary School

Oldfield Lane South, Greenford, Middlesex, UB6 9JU

Tel: 020 8578 1515 Fax: 020 8813 1103

Head Teacher: Kate Moyse



8th September 2016

Dear Parents/Carers

SWIMMING - YEAR 4 NIGHTINGALES

Every Tuesday, starting Tuesday 13th September (and until February half term). The pupils in Nightingale's class will attend a swimming lesson at Gurnell Leisure Centre. The children will be taken to and from the pool by coach.

The following should be worn:

- BOYS - Swimming Trunks - not shorts
 - GIRLS - One piece costume
 - BOTH - Swimming hat
- A swimming hat is **compulsory** for **both boys and girls** for health and safety reasons. If you are unsure where to buy them, they can be purchased from the swimming baths or sports shops.
- **ALL CHILDREN MUST HAVE A TOWEL**

- Jewellery should not be worn at school. Any child wearing ear studs will have to remove them before the swimming lesson. We would advise that they should be left at home on swimming days.
- If your child needs to wear anything different for religious reasons then please discuss this with your child's class teacher.
- If your child suffers from any illness or conditions which may affect their swimming e.g. hearing problems, asthma, skin complaints etc. please inform your child's class teacher.
- Any child needing to use an inhaler must inform the class teacher.
- If your child suffers with a verruca or another foot skin complaint, a verruca sock must be worn.
- Please ensure that each Tuesday your child brings their swimming costume/trunks and a towel into school. These should be taken home on their swimming day so everything can be washed.
- Please note that the swimming instructors do not allow the children to wear goggles unless they have a letter from their doctor confirming that they need to wear them.

PLEASE COMPLETE THE ATTACHED FORM AND RETURN TO THE CLASS TEACHER BY MONDAY 12TH SEPTEMBER

Thank you for your co-operation.

Yours sincerely

Miss K Moyse
Head Teacher



Coston Primary School

Oldfield Lane South, Greenford, Middlesex, UB6 9JU

Tel: 020 8578 1515 Fax: 020 8813 1103

Head Teacher: Kate Moyse



PARENTAL CONSENT FORM FOR SWIMMING ACTIVITIES

Consent does not remove the need for group leader(s) to ascertain for themselves the level of your child's swimming ability

SWIMMING ABILITY

- Is your child able to swim 25 metres? 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

1. I agree to _____ (Pupil's name) taking part in this lesson and I 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. I agree to my son/daughter receiving emergency medical treatment when necessary from qualified first aiders at the swimming baths.
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: _____

Email address _____

Name, address and telephone number of family doctor: _____

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER TO THE SWIMMING POOL.
A COPY MUST BE RETAINED BY THE SCHOOL OFFICE.**