
Address of the school

Date

Swimming Lessons

Dear Parents or Guardians,

Your son/daughter will be attending swimming lessons in this school year. Please fill in the form printed below to let us know whether we have to take special precautions with your child for health reasons.

Any health problems which prevent your child from taking part in swimming lessons must be confirmed by a medical certificate.

Please fill out and sign the form at the end of this letter and return it to the school by _____

Yours sincerely,

Class teacher

Sports teacher

----- please tear off along this line -----

Child's name, given name

Class

- There are no health reasons to prevent my child from attending swimming lessons
- My/our child may attend swimming lessons, but has the following health problem(s)
 - Dermatitis (eczema)
 - Asthma
 - Chlorine allergy
 - Perforated eardrum
 - A heart defect
 - Water phobia
 - Frequent inflammation of the middle ear
 - Epilepsy
 - other problem: _____
- There are health reasons preventing my/our child from attending swimming lessons. A medical certificate is enclosed.
(please tick where applicable)

Date

Signature of parent or guardian