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)  ☐ Perforated eardrum  ☐ Frequent inflammation of the middle ear
☐ Asthma  ☐ A heart defect  ☐ Epilepsy
☐ Chlorine allergy  ☐ Water phobia  ☐ 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