

Swimming Activity Parent Consent Form

Student Information

Student Name

Date of Birth

School/Class

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Emergency Contact Name & Number

Medical Information

Relevant Medical Conditions (if any)

Swimming Experience/Level

Consent

I, the undersigned parent/guardian, give consent for my child to participate in the swimming activity. I confirm that the information provided is accurate.

Parent/Guardian Signature

Date

