

# Swimming Pool Parent/Guardian Consent Form

## Participant Information

Child's Full Name

Date of Birth

Home Address

## Parent/Guardian Information

Parent/Guardian Full Name

Contact Number

Email Address

## Medical Information

Relevant Medical Conditions or Allergies

Emergency Contact Name & Number

## Consent

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I give permission for my child to participate in swimming pool activities.

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In case of emergency, I authorize the staff to seek medical treatment for my child.

Parent/Guardian Signature

Date