Attachment E

OFFICE OF CURRICULUM INSTRUCTION AND SCHOOL SUPPORT
SWIMMING PERMISSION SLIP FORM
(To Be Completed By Parent and Signed by Parent & School Nurse)

_____ (School Name) will conduct an Aquatics Swimming Program this semester (Spring, Fall, Summer). A new form must be completed for all children each year. Therefore, please complete and sign this form so we will know whether or not to enroll your child in the Aquatic Swimming Program. All children must be approved for pool activity by the school nurse and/or physician.

COMPLETE THE FOLLOWING

Name of Child: _____

Diagnosis (if known): _____

Does your child have a history of seizures or convulsions: ____ YES ____ NO

If yes, give date of last seizure: ___ / ___ / ___

List medication and dosage he/she is taking: _____

_____

Other conditions we should know about (i.e. bladder control, ear infections): _____

_____

_____

If you do not want your child to participate, please explain: _____

_____

_____

I give permission for _____ to participate in the Aquatic Swimming Program.

_____ _____
Classroom Teacher Parent/Guardian's Signature

_____ _____
Date School Nurse/Physician Signature