

YEAR 3 SWIMMING LESSONS - AUTUMN TERM 2025

PLEASE RETURN THIS FORM BY WEDNESDAY 9 JULY 2025

Child's Name: _____ Class: MAPLE

Please tick:

My child uses an inhaler and they will have it with them. Their name will be clearly labelled on the inhaler.

1. Which fits your child?

Confident swimmer – can swim one width without touching the bottom

Improving swimmer

Non-swimmer

2. Is your child confident in a swimming pool?

3. Are there any medical factors we need to be aware of?

4. Any other information (swimming awards already achieved etc.)

Signed: _____ Parent / Carer Date: _____