



**YEAR 3 SWIMMING LESSONS - SPRING TERM 2025**

***PLEASE RETURN THIS FORM BY MONDAY 16 DECEMBER 2024***

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?

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

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

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Signed: \_\_\_\_\_ Parent / Carer Date: \_\_\_\_\_