



**BILTON GRANGE PRIMARY SCHOOL**  
BILTON LANE  
HARROGATE  
HG1 3BA  
Tel: 01423 502375  
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Email: biltongrange@ycatschools.co.uk  
Website: www.biltongrangeharrogate.co.uk  
Head Teacher: Mrs J. A. Ratcliffe

Wednesday 3<sup>rd</sup> April 2019

Dear Parent

Next term Beech Class will be going swimming at The Hydro beginning on **Monday 13<sup>th</sup> May 2019**.

Please note that if your child suffers from verrucas special socks must be worn. Your child will need a swimming costume & towel and we have also been informed that children must wear a swimming cap during lessons at The Hydro and boys should wear swimming trunks rather than the fashionable longer length swimming shorts.

We are asking for a voluntary contribution of £3.00 per week from each child. This can be paid online via the School Money website for the full term or weekly. If you prefer, you can send cash/cheque into school. Please return the slip below along with the consent form no later than Friday 12<sup>th</sup> April 2019. Thank you.

Yours faithfully

Mrs Parker

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**Swimming Consent Slip**

I give permission for .....  
to take part in swimming lessons at The Hydro.

Signed ..... Parent/Guardian



**PARENTAL CONSENT FORM**

Name of child .....Date of birth .....

Home address  
.....  
.....

Home telephone number ..... **Mobile telephone number** .....

Parents place(s) of work (Mother/Father/Guardian) including telephone numbers  
.....  
.....

Other emergency contact name and telephone number (e.g. relative or neighbour)  
.....

I have received the information sheet giving details of :-

**Swimming lessons every Monday morning at the Hydro Swimming Pool**

and wish my child to attend and participate in the activities described. Please complete as appropriate.

My child is in good health and does not suffer from any condition requiring regular treatment or any complaint that may require emergency treatment.

My child suffers from the following complaint which may require emergency treatment:-

.....

\*\* (If your child suffers from a complaint (or has any dietary requirements) please write on the reverse of this form details of the complaint and its treatment as advised by your child's doctor. Any medicines must be handed to the responsible member of staff, together with written instructions).

**Name, address and telephone number of Family Doctor**

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.....

- I understand that the County Council accepts no liability other than that in respect of enforceable third party claims against members of its staff and that children are not insured by the County Council against personal accident. School carries an insurance policy to cover pupils on school trips.
- I agree to any medical treatment necessary during the course of the visit. I confirm that in case of emergency school may involve emergency services i.e. Ambulance, A&E department. I understand that the school will always contact parent/carers first but should we have trouble contacting you, you give permission for us to start treatment immediately.
- I will advise the responsible member of staff of any illness/injury/infection/complaint suffered by my child between the signing of this form and the date of departure.

Signed ..... Parent/Carer Date .....