



**ALL SAINTS BENHILTON C of E PRIMARY SCHOOL**

All Saints Road, Sutton, Surrey SM1 3DA.

Tel: 020 8644 6492 Fax: 020 8641 9359

Email: [allsaintsbenhilton@suttonlea.org](mailto:allsaintsbenhilton@suttonlea.org)

SOUTHWARK



DIOCESE

*Headteacher: Mrs R Sutton*

**March 2015**

**Dear Parents,**

**CONSENT FOR SWIMMING LESSONS DURING YEAR 3, YEAR 4 AND YEAR 5  
AT WESTCROFT LEISURE CENTRE.**

During Key Stage 2 Years 3, 4 and 5 undertake swimming lessons as part of their PE curriculum. For Year 3 this is in the summer term, for Year 4 it is in the Autumn term and for Year 5 it is in the Spring Term. The children have a block of 10 lessons at Westcroft Leisure Centre, taught by qualified swimming coaches. The children travel to and from the pool by coach. You will be advised of the dates and the cost of this activity prior to the start date, each year.

Please complete the consent form below and return it to school as soon as possible. It will be held on file for all three swimming sessions that your child undertakes.

This activity is a part of the curriculum and no child is excluded on the grounds of non-payment, but if we do not receive a sufficient percentage of the required funds then the activity will not take place. Please see me, in confidence regarding the payment should you need to.

Yours sincerely

R.P. Sutton  
Headteacher

*All Saints Benhilton is a Voluntary Aided School within the Diocese of Southwark*



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Accredited and Recognised  
Higher standards level 2011





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**CONSENT FOR SWIMMING LESSONS DURING YEAR 3, YEAR 4 AND YEAR 5  
AT WESTCROFT LEISURE CENTRE.**

I..... father/mother/carer  
of ..... (name of pupil)  
in .....Class,

having read the information provided and having noted the cost, consent to my child participating in supervised swimming lessons. I understand that alterations to the above arrangements may be necessary from time to time and that I will be advised of any planned changes. Whilst the staff in charge of the visit will take all reasonable care of the pupils, I understand, and have explained to my child, that he/she will be required to obey the instructions and advice of the swimming teacher-in-charge and other accompanying adults and will be subject to the school's general code of behaviour. I understand that the school cannot be held responsible for any loss or damage to property suffered by my son/daughter during or arising out of the visit other than that caused by negligence of the Council or any of its employees.

I agree to pay for any damage which may be caused by the misconduct or carelessness of my child to the person or property of any other party or parties.

I will indemnify the Leader of the visit in respect of any expenses reasonably incurred in consequence of any accident to or illness of my child.

I have received a copy of the Travel Insurance setting out the insurance cover provided by the Council and understand that I may take out additional cover by making my own arrangements. Although this policy is dated up to the 31.3.13 it is a rolling policy & the terms are on-going.

My child is in good health and I consider him/her fit to take part in swimming activities. In the event of an accident or illness I authorise the member of school staff in charge, to consent to any medical treatment including inoculations, surgery or blood transfusions which in the opinion of a qualified medical practitioner may be necessary for my child in the course of the visit. I understand that every attempt will be made to contact me before any such decision is taken.

Signed ..... (Parent/Legal Guardian)

please see over

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If you will not be at home throughout the period of the lessons (Tuesday afternoons) please give details of where you can be contacted:

Address .....

.....

.....

Telephone .....

- NOTE Any relevant information concerning your child's health or diet requiring treatment or special attention but which is not sufficient to prevent his/her joining the lessons must be stated below. This should include particular activities in which your child should not participate for health reasons. This is important for insurance purposes as well as for the child since failure to disclose a known medical condition could invalidate the insurance cover.

THIS FORM MUST BE RETAINED AT THE SCHOOL AND BE AVAILABLE TO THE CONTACT TEACHER FOR REFERENCE IF NECESSARY FOR THE DURATION OF THE VISIT.

(Forms/Office)

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