

9/2/24

Dear Parent/Guardian,

P5/6 Swimming February-June 2024.

It is now time for the P5/6 class to attend swimming at the Blair Mayne Leisure Centre.

Swimming is part of the KS2 curriculum and pupils should be enabled to:

Develop basic swimming and personal survival skills;

Understand the importance of personal hygiene in relation to pool use;

Progress from using a swimming aid to developing their confidence and competence in being able to swim without the use of any aids using recognised swimming strokes.

In fulfilling the statutory requirements the children will be reminded of safety at the pool side, entering the pool, leaving the pool and walking at all times.

They will be taught by the qualified swimming instructor at the swimming pool to float/tread water, basic swimming strokes and controlled breathing techniques.

The qualified instructor will assess the children on their first visit. The pool depth will be at an appropriate height so that all children can stand up.

The children will need a separate swimming bag with a towel and swimsuit.

The Education Authority bus is used to transport the children to the Leisure Centre and return the children to school.

Payment is available on Eduspot. It is £4.50 per swim and 10 sessions have been made available.

I would appreciate it if you could sign the permission slip.

Yours sincerely

Mrs Thompson
Principal

Loughries Integrated Primary School Consent Form.

I consent to my son / daughter*(Name in full) attending the Leisure Centre for swimming from Friday 23rd February to Friday 21st June 2024.

I confirm that he/she* is medically fit to participate. * delete as appropriate

Please give details of:

1. Any current medical condition/any medication being taken

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2. Any other relevant information which may affect his/her participation in the visit (including allergy or dietary requirements)

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3. Emergency contact numbers:

Home: Mobile:.....

I accept the established code of conduct for the educational visit and agree to the arrangements relating to my son/daughter returning home from the visit due to unforeseen circumstances.

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary, by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed: _____ (Parent/Guardian) Date _____



Young Person's Code of Conduct for School Visits

- Always think about your own and others' safety
- If you have a problem or are worried about something, always tell someone you trust. This may be a teacher, leader or parent
- Always follow the instructions of your teacher and group leaders including those at the venue you are visiting
- If you get lost or separated follow the agreed procedures which you will have talked through with your teacher
- If you see something which you think may be dangerous, tell a teacher or leader
- Dress sensibly and behave responsibly
- Think things through carefully before you act and do not take unnecessary risks
- If you behave in an irresponsible way while on a school visit it may result in a future sanction
- **NB** The school has the right to refuse any child from participating in a visit, whose involvement may be considered to be a danger to him/herself or to the group

The information on this form is requested for the purpose of organising an educational visit. The information is covered by the provisions of the Data Protection Act, 1998. Your signature to the form is deemed to be an authorization by you to allow the school to process and retain the information for the purpose(s) stated.