

INDIAN QUEENS PRIMARY SCHOOL

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Thgursday 12th September 2019



SWIMMING PROGRAMME for Year 4 children

We are pleased to inform you that the swimming programme for your child will commence on Thursday 26th September 2019. The full list of dates are as follows: 26th September, 3th, 10th, 17th October and 7th, 14th, 21st, 28th November.

Swimming lessons are held at Atlantic Reach (Carworgie), which is approximately 10 minutes travelling time away from school. The children will travel by coach and seatbelts will be worn. Swimming lessons will take place during the morning so lunch times will not be affected. Children will be taught by staff from our school, who have been trained to deliver swimming.

Children will need to bring a named waterproof bag containing their swimming costume and towel (twopiece swimming costumes are not permitted). Whilst staff do everything they can to ensure that no item is lost or left at the pool, including goggles and ear plugs (which are both optional), the school cannot accept responsibility for any loss or accidental damage. Spray deodorants and talcum powder must not be brought.

In order to cover the cost of transport, we would very much appreciate a voluntary contribution of £3 per week, brought to school on the morning of their swimming lesson in a named envelope and given to their class teacher. Alternatively, a one off payment of £24 to cover all swimming lessons can be paid on or before the day of the first lesson. The requested contribution has remained the same for several years, so any increase in costs have been covered by the school. Pool hire and staffing costs continue to be paid for using school funds. Thank you very much in anticipation of your support.

Please do not hesitate to contact the school if you have any queries. We would be grateful for the return of the attached consent form by Monday 16th September. Many thanks.



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EDUCATIONAL VISIT PARENTAL CONSENT FORM

This form has been produced for parent/guardians of young people to complete with regard to visits and journeys and gives the necessary authority to the school to take your child on the visit. Please note that in signing this form your rights are not affected in any way.

Visit: SWIMMING PROGRAMME AT ATLANTIC REACH, CARWORGIE			
Dates: 26 th September, 3 th , 10 th , 17 th October and 7 th , 14 th , 21 st , 28 th November 2019.			
Having read the information provided, I consent to my son/daughtertaking part in the 8 week swimming programme.			
1	I consent to any emergency medical treatment required by my child during the course of the swimming programme.		
2	I confirm that my child does not suffer from any medical condition requiring regular treatment or my child suffers from		
3	I consent to my child travelling by coach. Seatbelts will be worn.		
4	I understand that if at any time my child's behaviour should constitute a risk to the health and safety of any member of the group, including him or herself, the child's place will be withdrawn.		
5	I understand that if my child's behaviour causes a health and safety risk whilst travelling to and from, or at, the pool, I will collect my child and return him/her to their home.		
Please ensure that the following details are the ones that we can contact you with on Thursdays, when the swimming programme takes place, especially the phone contact(s). Thank you.			
Signature of Parent/Guardian			
PRINT	NAME CLEARLY		
Addres	ss		
Teleph	one No Mobile Tel No		

NOTES

The Children's Services Authority (CSA) through its employees and agents will at all times take reasonable care of your child and his/her personal effects and money.

If your child has an accident or suffers loss of or damage to his/her personal effects and money which is not as a result of any lack of care on the part of the CSA, its employees or agents, the CSA will not be able to pay any damages or meet any expenses arising.

Similarly if your child incurs any liability towards a third party in respect, for example, of any injury caused by your child to that third party or damage caused to the third party's property the CSA will not be responsible for this unless it can be shown to be at fault in some way. There is in force a policy of insurance in respect of this trip which provides cover for the matters referred to in the above notes.

PLEASE RETURN THIS FORM TO SCHOOL BY MONDAY 16TH SEPTEMBER - THANK YOU



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Swimming questionnaire

Name of child:	Class:	
Question	Yes	No
Does your child go swimming on a regular basis?		
Is your child confident in the water?		
Is your child comfortable out of their depth?		
Will your child put their face in the water without any	/ help?	
Can your child swim independently for 10 metres?		
Can your child swim independently for 25 metres or	more?	
If there are any other comments that you would like	ke to make about your chil	d's swimming,
please do so here:		
Name of adult completing this questionnaire:		
Date:		