



**Nottinghamshire
County Council**

Wearing of Goggles/Glasses During School Swimming Permission Slip

January 2011

Name of your child's school: _____

For the parent/carer to sign

I, the parent/ carer of: _____ hereby confirm that I wish my son/ daughter to wear goggles/glasses (delete as appropriate) during school swimming lessons and at the schools' gala. I have read and understood the Schools' Swimming Services recommendation and have explained the advice to my son/ daughter. I will not undertake to pursue the council for any loss or damage to my child as a direct result of wearing goggles during the Schools' Swimming sessions.

Signed: _____ Date: _____

Please print name: _____

Please complete and return a copy to the school prior to the-swimming lessons.

Receipt of permission slip on the: ____ / ____ / 20 ____

By the signed: _____