



Nottinghamshire County Council

Nottinghamshire Schools' Swimming Service Goggles

PERMISSION SLIP

WEARING OF GOGGLES / GLASSES DURING SCHOOL SWIMMING

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 ____/____/____

By the signed _____