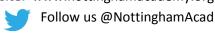


Principal: Mr S Jones
PA to the Principal: Mrs D Varley

Sneinton Boulevard, Nottingham NG2 4GL

Telephone: 0115 748 3401

Email: adminp@nottinghamacademy.org
Website: www.nottinghamacademy.org



16th November 2017

TO: Parents of children in : 5 Oak/ 5 Ash/ 5 Willow/ 5 Sycamore

SWIMMING TIMETABLE 2017/18

This year your child will have the opportunity to participate in swimming lessons at Victoria Leisure Centre during the Spring term.

The above classes will swim between week commencing 8th January – 12th March on Friday afternoons.

				Swimming
Session 1	5 Ash	Mrs Stanley	Leave Academy Primary at 1.00pm	1.30pm-
	5 Willow	Mrs Harding		2.00pm
Session 2	5 Sycamore	Miss Hawkins	Leave Academy Primary at 1.30pm	2.00pm-
	5 Oak	Miss Chilvers		2.30pm

Victoria Leisure Centre rules require that boys wear trunks and girls a costume (no Bermuda style shorts etc.). Children are not allowed to wear goggles unless permitted for medical reasons for which a note will be required.

WOULD YOU LIKE TO HELP AND BE A SWIMMING OBSERVER? If so please complete and return the slip below and we will contact you explaining what is required. You will need a DBS check which will be arranged and paid for by the Academy. The more observers we have available the less likely it is that a class will miss a lesson for health and safety reasons. Our parents have always shown fantastic support for this activity and hopefully with your help this will continue.

It is also very important that you complete and return the attached OV1 form BEFORE Friday 1st December - your child will **not** be able to participate without the form being received. Please return to your child's class teacher as soon as possible.

The children in 5 Sycamore and 5 Oak should arrive back at school by 3.00pm however on occasions due to traffic congestion the arrival time can be closer to 3.20pm. To ensure each child is sent home safely with their parent/carer the children will need to be taken back to their classrooms before they are dismissed as usual via the school playground.

If you require any further information please do not hesitate to contact me.

Yours sincerely

S Jones Principal

SWIMMING OBSERVATION		
Child's Name:	Class:	
I am able to help as an observer, and hold a	current DBS certificate.	
Dates available:		
I would like to help as an observer/be on the	reserve list, please let me know how to apply for a DBS.	
Dates available:		
Signed:	Print:	





GREENWOOD DALE FOUNDATION TRUST

PARENT/CARER CONSENT FORM

Visit to:V	<u>'ictoria Le</u>	eisure Centre _						_
Activities to be und	ertaken:	Swimming_						-
Date(s) / Times: Fi	rom: Friday	12 January		To:	Friday	16 March		
the activities* desc the extent and limit	nentioned visi ribed. I ackno ations of the i	me):	obedienc ided.	e and re	esponsib	le behaviour	on his/her part. I un	derstand
		aughter's name to be	e included	in the o	collective	passport to	be held by the grou	p leader:
f water activities ar	e involved, is	your child confident	in water? ((please	circle)	YES / NO	O / NOT APPLICABI	-E
. MEDICAL INF	ORMATION,	DECLARATIONS AI	ND CONS	ENT:				
) Son/daughter	's date of birth	1:						
Does your sor YES / NO	n/daughter su	ffer from any condition	ons of whic	ch the st	aff leadiı	ng the visit sh	nould be aware:	
		he leader needs to k sleepwalking, nightm						
c) Details of any	medication							
ame of medication		Dosage		Times circums	of tances t	day or o be given	Method of adminis	tration
Any special precau	tions, side eff	ects of medication et	c:					

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavor to respond appropriately should emergency treatment be required.

I give my consent ** for my son/daughter to self-administer the above drugs.

^{**} Delete if not applicable

	suffered from anything in the last four weeks that may be, or become, contagious or infectious?: YES / NO					
If Y	YES, please give brief details:					
e)	Is your son/daughter allergic to any medication?: YES / NO					
If Y	YES, please specify:					
f)	When did your son/daughter last receive a tetanus injection?:					
g)	Please outline any special dietary requirements of your child:					
h)	I undertake to inform the group leader/head of establishment as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.					
i)	I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.					
3.	CONTACT NUMBERS:					
a)	I may be contacted by telephoning the following numbers:					
Wo	ork: Home:					
Му	home address is:					
b)	If not available at home, please contact:					
Na	me: Telephone Number:					
Add	dress:					
c)	Name, address and telephone number of family doctor:					
4.	ANY OTHER RELEVANT INFORMATION:					
5.	SIGNATURE:					
Sig	ned:					
Ful	I name (capitals): Parent/Carer					

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or

1 copy to be held by the Academy - left with site office - 1 copy to be taken by Visit Leader