



NOTTINGHAM ACADEMY

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

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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 5 Willow	Mrs Stanley Mrs Harding	Leave Academy Primary at 1.00pm	1.30pm– 2.00pm
Session 2	5 Sycamore 5 Oak	Miss Hawkins Miss Chilvers	Leave Academy Primary at 1.30pm	2.00pm– 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: Victoria Leisure Centre

Activities to be undertaken: Swimming

Date(s) / Times: From: Friday 12 January To: Friday 16 March

I agree to my son/daughter(name): _____ taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand the extent and limitations of the insurance cover provided.

*If there are any activities in which your child cannot participate, please give details: _____

I give permission for my son/daughter's name to be included in the collective passport to be held by the group leader: (please circle) **YES / NO / NOT APPLICABLE**

If water activities are involved, is your child confident in water? (please circle) **YES / NO / NOT APPLICABLE**

2. MEDICAL INFORMATION, DECLARATIONS AND CONSENT:

a) Son/daughter's date of birth: _____

b) Does your son/daughter suffer from any conditions of which the staff leading the visit should be aware:
YES / NO

Please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc: _____

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc: _____

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

- d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious?: **YES / NO**

If **YES**, please give brief details: _____

- e) Is your son/daughter allergic to any medication?: **YES / NO**

If **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:

Work: _____ Home: _____

My home address is: _____

- b) If not available at home, please contact:

Name: _____ Telephone Number: _____

Address: _____

- c) Name, address and telephone number of family doctor: _____

4. ANY OTHER RELEVANT INFORMATION:

5. SIGNATURE:

Signed: _____ Date: _____

Full name (capitals): _____ Parent/Carer

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