LITTLE MUNKI'S SWIM SCHOOL Consent Form 2018/2019

As a parent/guardian of

Date of Birth
Give my consent for him/her to participate in
and agree to delegate my authority to Staff and Instructions involved. Such Teachers and Instructions may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group ir individually in the above-mentioned activity. I also authorize the Teachers and Instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student/learner. I have read the attachment cover letter and I am aware of the programme for which my consent is requested. I submit the attached medical information about student and include details of limitations
which he/she has for the activity concerned. I further authorize qualified practitioners to administer anaestetic if such an eventuality arises. I am also aware that photographs are taken to record the programs and events and as such I grant the permission for these to be used by Little Munki's Swim School. They may from time to time be posted on the Little Munki's Swim School facebook page or used for
promotional material. I am aware that Little Munki's Swim School does not accept responsibility for any loss, Injury or damage to person(s) and/or property while outside the lesson time.
Signed(Parent/Guardian) Date//
Personal Details Home Address
Email Address. Person to be contacted in an emergency Emergency phone number Medical Aid and number
MEDICAL INFORMATION (THIS INFORMATION CAN PROTECT YOUR CHILD) NAME OF CHILDSCHOOL

MEDICAL CONDITION		FURTHER INFORMATION OR FURTHER INSTRUCTION
Allergy	Yes/No	
Breathing Disorder	Yes/No	
Ear Disorder	Yes/No	
Epilepsy	Yes/No	
Fainting/Dizzy Spells	Yes/No	
Other Relevant Information	Yes/No	