



TAWA COLLEGE

Local EOTC Swimming Consent

Swimming ability

- Is your child able to swim 50 metres? Yes ☐ No ☐ Don't know ☐
- Is your child water confident in a pool? Yes ☐ No ☐ Don't know ☐
- Is your child confident in deep water? Yes ☐ No ☐ Don't know ☐
- Is your child able to tread water? Yes ☐ No ☐ Don't know ☐
- Is your child able to survival float? Yes ☐ No ☐ Don't know ☐
- Is your child confident in the sea or in open inland water? Yes ☐ No ☐ Don't know ☐
- Is your child safety-conscious in and around water? Yes ☐ No ☐ Don't know ☐

1. I have read the information provided about the event and agree to my child taking part in the activities. Yes ☐ No ☐
2. I consent to any emergency treatment required by my child during the course of the event. Yes ☐ No ☐
3. I confirm that my child is in good health and I consider him/her fit to participate. Yes ☐ No ☐

Signed:

Full name of parent/caregiver:

Please return to the student office as soon as possible.