

# **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

1. I consent to any emergency treatment required

by my child during the course of the event. 

Yes No

1. I confirm that my child is in good health and

I consider him/her fit to participate. Yes No 



Signed: Date:



Full name of parent/caregiver:

**Please return to the student office before Friday 29th June 2018**