

# 2020 CAMP WATER SAFETY CONSENT FORM



CHILD'S NAME: \_\_\_\_\_

ROOM: \_\_\_\_\_

**Swimming ability:** (Please Tick)

Is your child able to swim 25 metres without stopping?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is your child able to swim 50 metres without stopping?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is your child confident in deep water?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is your child able to tread water?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is your child able to survival float?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is your child confident in the sea or in open inland water?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Does your child know how to be safety-conscious in and around water?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

**Students will not be swimming whilst attending Camp Bentzon. Fully trained instructors have been hired to teach children kayaking skills and how to sail an optimist. Adult/student ratios will be strictly adhered to and activities will be cancelled if weather conditions are deemed unsuitable. All students will be wearing life jackets when on the water.**

**To prepare for these aquatic activities students will attend Water Safety sessions at Papatoetoe Memorial Pools. Sessions**

Room 21 – Monday 17th Feb 9.30-11.30  
 Room 23 – Tuesday 18th Feb 9.30-11.30  
 Room 24 - Wednesday 19th Feb 9.30-11.30

Room 22 – Monday 17th Feb 12.00-2.00  
 Room 29 – Tuesday 18th Feb 12.00-2.00

**include: Safety activities involving life jackets, buoyancy aids, lifeboats and kayaking.**

- I would like my child to take part in the water activities outlined above.  
 Yes  No
- I have read the information provided about the event and agree to my child taking part in the activities.  
 Yes  No
- I consent to any emergency treatment required by my child during the course of the activities.  
 Yes  No
- I confirm that my child is in good health and I consider him/her fit to participate.  
 Yes  No



Other information you would like the school to know regarding water safety:

\_\_\_\_\_

Does your child have any medical condition we need to be aware of e.g. asthma? No/Yes (please give details below)

\_\_\_\_\_

Full name of parent/caregiver: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_