



Yaxham Church of England (VA) Primary School  
Clint Green, Yaxham, Dereham, Norfolk, NR19 1RU

Tel. 01362 692033

e-mail: [office@yaxham.norfolk.sch.uk](mailto:office@yaxham.norfolk.sch.uk)

[www.yaxhamprimaryschool.co.uk](http://www.yaxhamprimaryschool.co.uk)

Headteacher: Mrs Jennie Müller  
Chair of Governors: Mrs Claire Sullivan

16<sup>th</sup> December 2019

Dear Parents and Carers,

Robins Class will be attending swimming lessons at Swanton Morley Primary School for the Spring Term. We ask for a donation of £10 per child in order to support the cost of transport for these sessions.

Swimming sessions are part of our PE Curriculum at Yaxham. Children should be taught to:

Swim competently, confidently and proficiently over a distance of **at least** 25 metres

- use a range of strokes effectively [for example, front crawl, backstroke and breaststroke]
- perform safe self-rescue in different water-based situations

Children will take part in a range of activities throughout the sessions to develop these skills and will be grouped by ability in order to provide relevant levels of support and challenge. The teacher is aware of the ability of all children in the group and will challenge all more able children within the group accordingly in addition to supporting those who are less confident.

Sessions will take place on Wednesday morning, from 8<sup>th</sup> January 2020. The coach will leave school at 9.05am, returning at 11.15am.

Children will need a separate swimming bag including:

- a one-piece bathing suit for girls
- boys will need close fitting swimming trunks (not swim shorts)
- a towel
- a swimming hat

Following the Association for Physical Education/Norfolk LA Guidelines:

- All Jewellery must be removed
- No Plasters
- No goggles/masks except in exceptional circumstances - medical evidence is required for exceptions
- Long hair must be tied back

- Children must not use talcum powder in the changing rooms

Please complete and return the attached form to the school office by Wednesday 18<sup>th</sup> December 2019.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'J. Müller', with a large circular flourish at the beginning.

Mrs Jennie Müller

Headteacher

**Parental Consent Form – Level 2 Visits**  
**CONFIDENTIAL**

**To be completed by the Visit Leader: Mrs Knee**

Please return to the School Office

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: Robins Class

When: Wednesday morning – Spring Term

Place of visit: Swanton Morley, Swimming Pool

Method of travel: Dereham Coachways

**To be completed by the Parent/Guardian**

I am willing for my child \_\_\_\_\_ Class \_\_\_\_\_

to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I give/do not give\* permission for my child to have photographs taken at the event.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give\* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

**\* please delete as appropriate**

I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Emergency Contact Details: Name of parent(s)/guardian(s):

(i) \_\_\_\_\_ Tel: \_\_\_\_\_

(ii) \_\_\_\_\_ Tel: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_  
(if participant is under 18)

Signature of Participant: \_\_\_\_\_

Should there be any amendments to this information after it has been handed in, please contact the Visit Leader immediately.

<p>Doctor's name : _____</p> <p>Doctor's Tel. no: _____ National Health No.(if known): _____</p> <p>Date of last known tetanus injection (if known): _____</p>
<p>Please give details of any recent illnesses:</p>
<p>Please give name and dosage of any medications currently being taken:</p>
<p>Please tell us about any allergies, e.g., medicines, food, bee stings, etc.</p>
<p>Please tell us about any food not eaten for religious or health reasons:</p>
<p>Please provide any other information/medical conditions which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. heart conditions, asthma phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems, etc.</p>
<p>In event of an asthma attack:</p> <p>1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].</p> <p>2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.</p> <p>3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.</p> <p>Signature of Parent / Guardian: _____ (if participant is under 18)</p>

**Copies must be carried securely by the Visit Leader or group supervisor.**