Schools Swimming Service
Goggles Waiver Form

Dear Parent/Carer,

WEARING OF GOGGLES/ GLASSES DURING SCHOOL SWIMMING

It is the recommendation of the Schools Swimming Service that children who wish to wear goggles/ glasses during school swimming lessons can do so providing the parent/ carer signs the attached disclaimer and ensures the guidelines are followed.

- THE AIM OF SCHOOL SWIMMING SERVICE IS TO TEACH CHILDREN WATER SAFETY. If a child is in a dangerous situation in open water it is very unlikely that they will be wearing goggles, it is therefore, necessary to practise without goggles during the course of the school swimming sessions.

- During the school swimming program DIVING SHOULD BE UNDERTAKEN WITHOUT THE USE OF GOGGLES however, as the pupils become competent in diving then practise with goggles may take place providing the tuition is undertaken by a fully qualified Swim England / STA Level 2 Swimming Instructor.

- GOGGLES CAN BE WORN AT GALAS providing the parents/ carers are confident that their son/ daughter have received adequate training from a qualified member of staff in the use of goggles during diving and have signed the attached disclaimer.

- Goggles, however, are not considered a necessity for school swimming, but can be worn if the attached disclaimer is signed.

- The use of prescription goggles is acceptable providing an individual risk assessment is carried out by the school and the attached disclaimer is signed.

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Nottinghamshire County Council

WEARING OF GOGGLES / GLASSES DURING SCHOOL SWIMMING

Name of your child's school _____

For the parent/carer to sign

I, the parent/ carer of _____ hereby confirm that I wish my son/ daughter to wear goggles / glasses (delete as appropriate) during school swimming lessons and at the schools' gala. I have read and understood the Schools Swimming Services recommendation and have explained the advice to my son/ daughter. I will not undertake to pursue the council for any loss or damage of goggles/ glasses or injury to my child as a direct result of wearing goggles/ glasses during the Schools Swimming sessions.

Signed _____ Date _____

Please print name _____

Please complete and return a copy to the school prior to the swimming lessons.

Receipt of permission slip on the ___/____/____

By the signed _____

Nottinghamshire County Council