



SKYLARK WORLD SCHOOL

Sector 8-A, Vrindavan Yojna, Lucknow (U.P.) - 226002

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Skylark World School
Circular Number: SWS2006(STU)
Date: 20 Apr22

Dear Parent/Guardian,

Subject: SWIMMING CONSENT FORM

Greetings of the day!

I _____(Name of Father/Mother/Guardian) hereby offer / not offer consent, (strike out what is not applicable), for my ward (Name.....) ,(Class.....), of ACY 2022-23, to participate in the swimming classes/activities organized at Skylark World School.

I hereby declare that my ward is in good health and is free from all allergies and is fit enough to cope with the activity. I also attest that my ward is not participating contrary to medical advice.

I agree that God forbid, in the unlikely event of an accident if occurred at school, I will not hold School authorities or its staff responsible. I also offer complete consent for the school authorities to proceed with necessary emergency treatments, in case either parent/guardian is not reachable. I understand that necessary medical fees will be paid by me.

I will not hold the School responsible for any accident that may have inadvertently occurred during the course of any swimming activity or medical intervention in case of an inadvertent accident. I will also provide necessary swimming costumes as advised by the coach and will send the needful on the marked day in my ward's Time table/ Diary note.

Student Name :.....Class.....

Name of Parent/Guardian.....

Signature:

Date.....

Address:.....

.....

Father's Contact No. Mother's Contact No.....

Blood Group..... Allergies if any...

Please note that above two numbers will be contacted in event of an emergency.

The following information will assist the Swimming Coach in supervising and offering better services for your child. (Yes or No or Details)

1. Can your child swim?
2. Is there any precautions to be taken?
3. Is your child confident about playing with water on the pool?
4. List if your child is having any ailment, sickness, allergy, mental or physical problem or transmittable / contagious disease or has undergone any surgery.
5. Has your child undergone all necessary vaccinations as per his/her age. Kindly attach a copy of the same.
6. I agree that I will encourage my ward to follow all pool instructions and school instructions and the coach instructions while using the swimming pool.
7. I agree if at any point School decides to charge fees for the swimming program , I will abide to the same.

MEDICAL CERTIFICATE

This is to certify that I have thoroughly examined _____ (Name of the Student) studying in your school in Class _____ of ACY 2022-23 and I have found him/her to be in good health and medically fit for attending the swimming classes.

I also certify that he/she does not suffer from any ailment, sickness, allergy, mental or physical problem or transmittable/contagious disease.

Signature of the Examining Doctor with Official Seal

Name of the Examining Doctor _

Registration No. _____

Seal

Address _____

Date:

FOR OFFICE USE ONLY

Date of receiving the form: _____

Received by:

Recommended by:

Verified by:

Approved by: _____

Front Office/Student affairs

Principal/ HM/ Class Teacher