Dear Parents,

Would you please complete the 2017 swimming permission form below.

**ASTHMA:**
Parents should note that parents of asthmatic students are requested to provide written consent to their child’s participation in the swimming program. This consent should indicate that their doctor has no objection to the child participating in swimming activities. If your child is asthmatic you should complete the portion below.

**EPILEPSY:**
If your child is epileptic you are asked to notify the school prior to the commencement of the program as special consideration must be given.

**COST:**
The normal entry fee of $2.20 per child per session applies unless you have a season ticket.

Our season ticket number (if applicable) is: ..................................................

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2017 SWIMMING PERMISSION FORM

I give permission for my child .......................................................... of year ............ to take part in the Timboon P-12 School swimming program at the Timboon Pool for the 2017 season. I authorise the teacher in charge to consent, where it is impractical to communicate with me to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed ........................................................ (Parent / Guardian)

Please complete this portion ONLY if your child suffers from asthma - please tick the box.

☐ My child suffers from Asthma

☐ My child’s doctor has no objection to the child participating in the swimming program.

Signed ........................................................ (Parent / Guardian)