



St. Mary's Summer Programme 2026

Swimming Pool Consent Form

Student Name	_____
Class / Section	_____
Batch	_____
Parent / Guardian Name	_____
Contact Number	_____
Emergency Contact Number	_____
Known Medical Conditions / Allergies	_____
Swimming Experience	_____

Parent / Guardian Declaration

I give my consent for my child to participate in swimming pool activities conducted as part of the summer programme.

I confirm that my child is physically fit to take part in swimming and will follow all pool rules, instructor directions, hygiene instructions, and safety guidelines.

I agree to inform the school in writing about any medical condition, allergy, injury, breathing issue, skin infection, or other concern that may affect participation.

Parent / Guardian Signature	_____
Date	_____
Office Use / Remarks	_____