****

### PEEL HIGH SCHOOL

###### Phone: (02) 67657088 P.O. Box 7005 NEMC 88 Gunnedah Road

**Fax: (02) 67653506 Tamworth 2348 Tamworth 2340**

**Email:** [**peel-h.school@det.nsw.edu.au**](mailto:peel-h.school@det.nsw.edu.au) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Peel High Swimming Carnival

Permission Note.

I give permission for my son/daughter ………………………............................ in year.............. to attend the Peel High Swimming Carnival on Thursday 15th February 2018.

The Swimming Carnival will involve structured aquatic activities such as swimming races, relay races, kick board activities, noodle activities and various novelty events.

In relation to the structured aquatic activities (please Circle)

* My child is **permitted** to go in the water
* My child is **not permitted** to go in the water

My child is permitted to go into the water (please circle response):

* **A non swimmer:** My child is unable to swim
* **A weak simmer**: My child is comfortable and confident in shallow water but cannot swim very well.
* **An average swimmer:** My child is a reasonable swimmer but is not very strong or confident in deep water.
* **A strong swimmer:** My child is a strong swimmer and is very confident in deep water.

Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Please list any medical issues relevant to your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_