



**THE UMMED INTERNATIONAL SCHOOL, ABU ROAD**

**SWIMMING CONSENT FORM**

In order for your child to participate in this activity, it is essential that you complete and return this form supplying relevant information and giving informed consent as a Parent/Guardian.

I agree to (Student's Name)..... taking part in the swimming sessions at The Ummid International School. I hereby declare that he/she is in good health and that his/ her health is adequate to cope with the activity and is not participating contrary to medical advice. In the unlikely event of an accident occurring when I cannot be readily contacted, I give my permission to the school to authorize emergency medical treatment, including the use of anaesthetic if deemed necessary by the medical authorities. I will not hold the School responsible for any accident that may inadvertently occur during the course of any swimming activity or medical intervention in case of an inadvertent accident.

Scholar No:.....Class..... House.....

Name of Parent/Guardian (please print).....

Signature: ..... Date.....

Address:.....

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

**PLEASE NOTE:** It is crucial we are able to contact one of these two numbers in the event of an emergency.

The following information will assist the Swimming Coach in supervising and caring for your child.

1. Can your child swim? .....YES /NO
2. Can your child swim 25m? .....YES /NO
3. Is your child confident in the pool? .....YES /NO
4. Is your child aware about the dangers of deep water? ....YES /NO

**MEDICAL CERTIFICATE**

This is to certify that I have thoroughly examined (Name of the Student) \_\_\_\_\_ studying in your school in Class \_\_\_\_\_ and have found him in good health and medically fit for attending the swimming classes.

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

\_\_\_\_\_  
Signature of the Examining Doctor with Official Seal

Name of the Examining Doctor \_\_\_\_\_ Registration No. \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of receiving the form: \_\_\_\_\_

Received by: \_\_\_\_\_

Office Supdt

Bursar / HM

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