



Irish Water Safety

National template for swim or water safety weeks

Name of Child _____

Venue	Swim/Water Safety week
County	
Instructor	Date of Week
Please list any known and relevant medical conditions:	Your Contact number Alternative contact number

Please note that

- (a) **your child will ONLY be supervised during class times which will be given at the start of the week**
- (b) **it is your responsibility at the end of class to ensure their safety in all respects.**
- (c) **In the event of an emergency we will call the emergency services and contact you also. In the event that we cannot contact you on the above numbers we will request the attendance of the Ambulance service and other emergency services deemed necessary and your child will be removed to hospital for treatment.**
- (d) **Safeguards – we are committed to the safeguarding of children. You are required to ensure your child is collected at the agreed times. In the event that you do not collect your child and we cannot contact you on the above numbers we may contact An Garda Síochána to report a Child Safeguard concern and your child may be taken away by the Gardai to ensure their safety.**

I _____ parent/guardian of _____

address _____ Agree to my child participating in the swim/water safety week and I acknowledge I am responsible for my child outside of class times. Neither I nor my child will use a photographic device at this event, and I understand that this important rule is in the interests of child protection.

Signature _____

Name in Block Capitals: _____