ARMADALE PRIMARY SCHOOL
SWIMMING EXEMPTION FORM 2015

School Policy
School Council endorses this excellent swimming program by ratifying a policy which acknowledges the importance of the program in the overall school curriculum. The policy states that all children are expected to attend. Children can be exempted on medical grounds.

If the medical conditions indicated on the form change we ask that you immediately notify us so that your child’s participation in the swimming program can recommence.

CHILD’S NAME: ________________________________  CLASS: _____

I wish to notify the school that my child is ill/suffering from a medical condition that prevents him/her from participating in the school swimming program.
Relevant condition:
_________________________________________________________________________
_____________________________________________________________________________

Dates of absence: ___ / ___ / ___ to ___ / ___ / ___

Is there a medical certificate attached to this form?
YES □  NO □

PARENT / GUARDIAN’S NAME: ________________________________
SIGNATURE:________________________________ DATE:___________

Office only
Classroom teacher’s signature ____________________ ___ / ___ / ___
Co-ordinator/Principal’s signature___________________ ___ / ___ / ___
Have supervision arrangements been made? YES □ NO □

Please place a copy of this exemption form in the central student files.