

**ARMADALE PRIMARY SCHOOL
SWIMMING EXEMPTION FORM 2017**



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: _____
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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.