



National template for swim or water safety weeks

Irish Water Safety

Name of Child _____ Date of Birth _____

Venue:	Enrolment for class:
County:	
Instructor(s):	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 as follows:

**From _____ / /2016 to _____ / /2016
Times: From _____ to _____ each day**

(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 Siochana 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 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: _____