

Cavendish Church of England Primary School

Cavendish Church of England Primary School
The Green Cavendish
Sudbury Suffolk CO10 8BA

Headteacher: Miss C E Wass

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Dear Parents

12th April 2022

Catch up swimming sessions

As you are aware our swimming programme has been interrupted by the Covid-19 pandemic.

Schools have a statutory duty to provide swimming lessons as it is part of the National Curriculum that children have water safety skills and can swim 25 metres with a recognisable stroke. The lessons will take place at the **Haverhill Leisure Centre**. Lessons will start on **Friday 29th April** for 11 weeks or until your child has reached the statutory level. We understand that both school and home swimming have been affected by covid restrictions, and as a consequence we have a higher number of children who are not at national curriculum standard.

A qualified swimming coach will be teaching the children and Lifeguards are provided. The children will be accompanied by two members of staff.

We have arranged for a coach to take the children to their lesson for a start time of 11.00
Children should bring a rucksack for ease of carrying their swimming kit which should include:

- a one piece swimming costume/close fitting trunks (Bermuda style shorts are not permitted as they impede stroke development and progress)
- Swimming hat - Children will not be allowed to swim without a hat.
- Large towel
- Water Bottle
- Earrings and watches should not be worn on swimming days, due to health and safety, as well as security reasons.

Please complete the permission form attached which will cover all visits to the pool and return to school by **Tuesday 26th April 2022**. I am sure these sessions will be really enjoyable and beneficial to the children.

Yours sincerely

Cheryl Wass
Headteacher



NAME OF CHILD: _____ **DATE OF BIRTH:** _____

SCHOOL: _____ Cavendish Church of England Primary School

VISIT(S) TO: _____ Haverhill Leisure Centre

DATE(S) OF VISIT(S): _____ Summer Term 2022 Starting 29th April for up to 11 wks excluding 3rd June

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: _____

My child's swimming ability is: **NON SWIMMER / IMPROVER / COMPETENT** (Please circle)

Signed: _____ (Parent/Carer)

PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

Home Address

Name: _____

Address: _____

Post Code: _____

Tel: _____

Tel: _____

Alternative Contact if required

Name: _____

Address: _____

Post Code: _____

Tel: _____

Tel: _____

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

