

SWIMMING GOGGLES PERMISSION FORM

SCHOOL.....

NAME.....

I GIVE PERMISSION FOR MY CHILD TO WEAR SWIM GOGGLES DURING SCHOOL SWIMMING SESSIONS.

SIGNED: (PARENT/CARER)..... DATE:

Children who swim frequently or whose eyes are susceptible to irritation may request to use goggles for swimming.

Please ensure that goggles are of a good quality. Please read the manufacturers instructions for putting them on and taking them off. This is important to ensure protection of eyes from impact damage through stretching the eyepieces away from the face with wet fingers. You should be aware that on occasions your child will be asked to remove their goggles in order to safely perform certain aquatic activities.



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