**Swimming Policy**

The Buckland Beehive Preschool has permission to use the swimming pool at St. Andrews School, Buckland Monachorum on a Monday morning from 10.15am until 10.45am.

A full risk assessment has been carried out.

An initial trip has taken place to visit the site of the pool, and explore around it, look at the changing rooms and generally familiarise everyone to their surroundings.

The sessions will only take place if the weather is sunny and hot, it is imperative that the sessions are enjoyable and a positive experience for all the children and staff! Three members of staff will be in the pool at all times and two volunteers will be poolside.

Parents to provide information regarding the swimming ability of their child/children prior to sessions beginning.

Parents to give consent for the use of goggles in the pool, if necessary and to provide swimming aids i.e. floats, woggles, buoyancy aids, or armbands that are regularly used by their child/children.

The children will be assessed regarding their ability before being allowed in the pool. Children who are less confident will go in with a member of staff until confidence grows. No child will be asked to go in the pool if they are not willing, they will be encouraged slowly and at their own pace.

A Walkie Talkie is available from Reception which we will have with us at the poolside to use in the event of an emergency when additional help is required.

All Staff have First Aid Paediatric training.

Signed by the Preschool Manager:…………………………………………………………………….

Date:…………………………………………..

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date: |
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**Parental Consent for Swimming Activity at**

 **Buckland Beehive Preschool**

Please provide details of your child’s/children’s ability in a swimming pool i.e. do they use buoyancy aids?

…………………………………………………………………………………………………………………………………………………………………………

How confident is your child/children near water?

…………………………………………………………………………………………………………………………………………………………………………

Does your child require goggles? If so, please confirm the need to wear goggles during swimming sessions.

…………………………………………………………………………………………………………………………………………………………………………

I/we give consent for Staff at the Buckland Beehive preschool to take my child/children for swimming sessions at St. Andrews Primary School.

Signed by:……………………..Name of Child……………………..

Parent/Carer:……………………………………………………………..

Print:………………………………………Date:………………………….