SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT
Adult Transition Program

SWIMMING CONSENT FORM

2020-21 School Year

Student Name: _____

CONSENT TO BE COMPLETED BY ALL PARENTS

I give consent for my student, _____,
to swim while participating in the Esperanza Education Center Physical Education program.

_____
Parent/Guardian signature Date

TO BE COMPLETED ONLY IF STUDENT HAS TUBES IN EARS AND / OR A TRACHEOSTOMY

All students from intermediate classes through high school enjoy swimming as a major part of their physical education program at Esperanza Education Center. Special consideration should be given when a child has had tubes inserted in the ears or a Tracheostomy. These tubes also provide an open passage for any water to enter the ears or the stoma.

Some physicians therefore recommend against swimming while others leave this decision to parents.

PHYSICIAN STATEMENT:
It is my opinion that my patient, _____, is medically able to swim in the school physical education program.

Comments or conditions under which swimming is allowed:

_____
Physician's signature Date