

SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT
Adult Transition Program

SWIMMING CONSENT FORM
2021-22 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