



Ratby Primary School

Inspiring a love of learning



Headteacher: Mrs Lisa Jones

Deputy Headteacher: Mrs Clare Astill **Assistant Headteacher:** Mrs Kayleigh Denton

Dear Parent/Guardian

This letter includes some relevant safety information about the use of swimming goggles, and a reply slip which must be completed by parents/guardians wishing to authorise the school to allow their son/daughter to wear swimming goggles during their school swimming lessons.

Whilst swimming goggles can provide confidence to timid swimmers who feel anxious putting their face in the water, there are some health and safety considerations for use of swimming goggles which you must be made aware of.

- The parent/guardian must accept responsibility for ensuring that the child understands the correct method of putting the goggles on and taking them off. Cold, slippery hands do not always grasp the fittings adequately and a catapult effect could result in eye trauma.
- It is difficult to maintain accurately fitted eye protection for all of the time when in the swimming pool, therefore eye contact with the water in the swimming pool is not fully avoidable.
- The teacher reserves the right to remove goggles from a lesson if they are disrupting the flow of the lesson.
- The use of goggles when jumping or diving in is not permitted due to the possibility of dislodgement on entering the water.
- Some goggles are made of brittle plastic, glass or acrylic substances and in the event of any collision, may shatter resulting in serious injury and/or the deposit of hazardous material which is difficult to locate and remove from the swimming pool.

If after considering these points, you wish to authorise the school to allow your child to wear goggles for swimming lessons please sign and return the attached reply slip.

Yours sincerely,

Year 6 Teachers



Ratby Primary School is a part of
BRADGATE EDUCATION PARTNERSHIP
Company number **08168237**
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Parkstone Road, Syston, Leicester, England,
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CONSENT FOR THE USE OF SWIMMING GOGGLES

I authorise the school to allow my son/daughter to wear swimming goggles for school swimming lessons.

I accept responsibility for providing suitable goggles and for ensuring that my son/daughter understands the correct method of putting on the goggles and taking them off.

I accept that members of staff may remove the goggles from my son/daughter, if they feel that the goggles are being used in an inappropriate or dangerous manner.

Name of Child DOB

Name of Class Teacher

Name of Parent/Guardian

Signature of Parent/Guardian..... Date.....



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