

**CHERRY TREE HILL PRIMARY SCHOOL**  
**PHYSICAL EDUCATION PROGRAMME – SWIMMING LESSONS**

**MEDICAL DETAILS UPDATE FORM**



Name of Child: \_\_\_\_\_ Class Name: \_\_\_\_\_

**Please give any relevant medical details which the school and the Sports Centre should be made aware of (eg. asthma, nosebleeds, ear or eye problems etc.)**

**Outside Swimming lessons information:**

LOCATION	LEVEL	DISTANT CERTIFICATED

Signed (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_