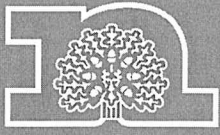


Nottinghamshire Schools' Swimming Service Goggles

Some goggles are only suitable for competition swimming, diving and sub-aqua work. Advice should be sought before purchasing goggles as ill fitting goggles can equally be a hazard. The purchase of junior goggles is recommended to parents (although they may appear small to people that are unfamiliar with goggles) they create a better seal.

The service requests that you the parent/ carer have read and understood the manufacturer's advice concerning the use and maintenance of goggles, and that you have explained the advice to your son/ daughter. In particular, ensure you have covered warnings on eye safety. For example:

- **USE CARE IN ADJUSTING AND REMOVING ALL SWIM GOGGLES** especially when wet, as there is risk of an impact injury to the eyeball.
- **ENSURE** that the straps on the goggles are correctly fitted and adjusted prior to attending the lessons.
- **DO NOT** use goggles if skin is broken. Discontinue use immediately if irritation occurs.
- **DO NOT** swim underwater below two metres.
- **DO NOT** pull them away from your face – they can spring back and hurt eyes.
- **DO NOT** allow any other child to wear your goggles
- **TO REMOVE GOGGLES SAFELY** take hold of the eye pieces and lift them gently up onto your forehead and then push over the top of your head.
- **PLEASE ENSURE GLASSES ARE ATTACHED TO A LANYARD** or swimming strap during the course of the lessons and gala.



Nottinghamshire County Council

Nottinghamshire Schools' Swimming Service Goggles

02 Mar. 21

PERMISSION SLIP

WEARING OF GOGGLES / GLASSES DURING SCHOOL SWIMMING

Name of your child's school _____

For the parent/carer to sign

I, the parent/ carer of _____ hereby confirm that I wish my son/ daughter to wear goggles / glasses (delete as appropriate) during school swimming lessons and at the schools' gala. I have read and understood the Schools' Swimming Services recommendation and have explained the advice to my son/ daughter. I will not undertake to pursue the council for any loss or damage to my child as a direct result of wearing goggles during the Schools' Swimming sessions.

Signed _____ Date _____

Please print name _____

Please complete and return a copy to the school prior to the swimming lessons.

Receipt of permission slip on the ___ / ___ / **20** ___

By the signed _____