



School Lane, Newton Burgoland, Leicestershire LE67 2SL. Telephone: 01530 270320

Email: admin@newburland.leics.sch.uk and Website: www.newburland.leics.sch.uk

Head Teacher: Mrs. Sue Ward B.Ed. (Hons) M.A.

Together We Can Achieve Excellence

SWIMMING GOGGLES INFORMATION INCLUDING WATER SAFETY AND USE OF GOGGLES

Although not essential, wearing swimming goggles during the swimming lesson is acceptable for pupils who have a specific need.

Ideally pupils need to experience swimming without goggles, particularly for water safety development. For example, if your child falls into a lake they won't have goggles and may panic.

It is vital children are comfortable swimming with or without goggles so they don't panic in an unexpected situation.

Water safety and the use of swimming goggles

1. The parent must accept responsibility in writing for ensuring that the child understands the correct method of putting on the goggles and taking them off. Cold, slippery hands do not always grasp the fittings adequately and a catapult effect can result in eye trauma.
2. It is difficult to maintain accurately fitting eye protection and therefore, contact with the water in the swimming bath is almost inevitable.
3. The use of goggles when diving is dangerous due to the possibility of dislodgement on entering the water.
4. 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 bath.
5. Goggles provided must conform to The British Standard Institute for goggles BS5883:1996 which includes the requirement that packaging of the goggles should contain instructions regarding the putting on and removal and the possibility of accident if the correct procedures are not followed.

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

NEWTON BURGOLAND PRIMARY SCHOOL
Swimming Goggles Authorisation

Declaration

1. I have read and understood the information entitled 'SWIMMING GOGGLES INFORMATION INCLUDING WATER SAFETY AND USE OF GOGGLES'
2. I authorise the school to allow my son/daughter to wear swimming goggles for school swimming lessons. *If this is for medical reasons I will complete the medical section below.
3. I have purchased goggles that conform to The British Standard Institute for goggles BS5883:1996 and my child understands correct way to put on and take off goggles.
4. I understand teachers are not be responsible putting on or taking off goggles or for the adjustment of the goggles.
5. I accept that members of staff or swimming teachers 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(ren)	
*If applicable - My child has the following medical reason for wearing swimming goggles	
Name of Parent / Guardian	
Signature of Parent / Guardian	
Date	