



Sábháilteacht Uisce na hÉireann

Teimpléad náisiúnta na seachtainí snámha nó sábháilteacht uisce

Ainm an Pháiste: _____

Láthair	Seachtain Snámha/Sábháilteacht Uisce
Contae	
Teagascóir	Dáta na Seachtaine
Liostaigh le do thoil aon riochtaí sláinte aithnidiúla agus ábhartha:	D'uimhir theagmhála Uimhir theagmhála eile

Tabhair faoi deara le do thoil

- Ní dhéanfar maoirseacht ar do pháiste ACH AMHÁIN le linn amanna ranga, faoi mar a sonraítear ag tús na seachtaine.
- Is ortsa atá an fhreagracht ag deireadh an ranga sábháilteacht do pháiste a chinntiú i ngach réimse.
- I gcás éigeandála cuirfimid gloch ar na seirbhísí éigeandála agus raghaimid i dteagmháil leatsa chomh maith. Sa chás nach féidir linn teacht ort ag na huimhreacha thuas cuirfimid fios ar an tseirbhís otharchairr agus aon seirbhísí éigeandála eile a meastar a bheith riachtanach agus tabharfar do pháiste chuig an ospidéal chun cóir leighis a fháil.
- Cosaintí – táimid go hiomlán tiomanta do chosaint leanaí. Éilítear ort a chinntiú go mbailítear do pháiste ag na hamanna comhaontaithe. Sa chás nach mbailíonn tú do pháiste agus nach féidir linn teacht ort ag na huimhreacha thuas d'fhéadfaimis dul i mbun teagmhála leis An Garda Síochána chun ábhar inní um Chosaint Leanaí a thuairisciú agus d'fhéadfadh na Gardaí do pháiste a thógaint ar mhaith lena chuid/cuid sábháilteachta.

Aontaímse _____, tuismitheoir/caomhnóir _____,
le seoladh _____, go mbeidh mo
pháiste ag glacadh páirte sa seachtain snámha/sábháilteacht uisce agus glacaim leis go bhfuilim féin freagrach as
mo pháiste lasmuigh d'amanna ranga. Ní bhainfidh mise ná mo pháiste úsáid as aon ghléas fótagrafaíochta ag an
ócáid seo, agus tuigim go bhfuil an riail tábhachtach seo ann chun críocha um chosaint leanaí.

Síniú: _____

Ainm i mbloc litreacha: _____



Irish Water Safety

National template for swim or water safety weeks

Name of Child: _____

Venue	Swim/Water Safety Week
County	
Instructor	Date of Week
Please list any known and relevant medical conditions:	Your contact number Alternative contact number

Please note that

- Your child will ONLY be supervised during class times, as specified at the start of the week.**
- It is your responsibility at the end of class to ensure your child's safety in all respects.**
- In the event of an emergency we will call the emergency services and contact you also. In the event that we cannot contact you on the above numbers we will request the attendance of the ambulance service and other emergency services deemed necessary and your child will be removed to hospital for treatment.**
- Safeguards – we are fully committed to the safeguarding of children. You are required to ensure your child is collected at the agreed times. In the event that you do not collect your child and we cannot contact you on the above numbers we may contact An Garda Síochána to report a Child Safeguard concern and your child may be taken away by the Gardaí to ensure their safety.**

I _____, parent/guardian of _____, with an address of _____, agree to my child participating in the swim/water safety week and I acknowledge that I am responsible for my child outside of class times. Neither I nor my child will use any photographic devices at this event, and I understand that this important rule is in the interests of child protection.

Signature: _____

Name in block capitals: _____