



Dear Parents and Guardians:

An Aquatics Program is offered to students of Cedar Lane School as part of the educational program. In order to participate in the Aquatics Program, **a signed permission, by the physician and parent, MUST** be completed annually. *Students without a signed permission will not be able to participate in the Aquatics Program.*

The Aquatics Program operates under the following parameters:

- The water temperature ranges from 92-96 degrees.
- Students who are non-swimmers will use flotation devices or will remain in the shallow end of the Therapy Tank, unless getting 1:1 instruction.
- A staff member will be spotting on deck whenever students are present in the Therapy Tank.
- All non-ambulatory students, when not getting 1:1 instruction will wear a flotation device.

Each student is required to furnish his or her own bathing suit with the student's name clearly marked on the suit. Student suits will be laundered and stored in the locker rooms. It is requested that one swimming days, the student dresses in clothing easy to change.

If you have any questions or concerns about the Aquatic Program, please feel free to call and discuss your concerns.

Sincerely,

Paul S. Owens
Principal

I give permission for _____ to participate in the Aquatics Program for the _____ school year.

Parent/ Guardian Signature

Date

Physician's Signature

Date

Telephone Number

Medical Restrictions for Special Considerations: _____

