

# Hughenden Primary School

## Parental Consent for participation in Bikeability Cycling Instruction at Hughenden Primary School Monday 24 February – Wednesday 26 February 2020

I agree to ..... in Year ..... taking part in Bikeability Cycling Instruction and have read the information sheet. I agree to ..... participation in the activities described and acknowledge the need for my child to behave responsibly. I confirm that my child is in good health and I consider him/her fit to participate.

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I am aware that my child will need to have a roadworthy bicycle in school for the three days and wear cycling helmet.

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I enclose my voluntary contribution of £10.00 towards the cost of cycling training

### Medical Information

Any conditions requiring medical treatment, including medication? YES/NO

If yes please give brief details and ensure appropriate administrations of medicines form are completed in advance of the visit.

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Please outline any special dietary requirements for your child.

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### Parent contact telephone numbers:

Work: ..... Home: .....

### Alternative contact details:

Name: ..... Tel No: .....

### Name and address of family doctor:

Name: ..... Tel No: .....

Address: .....

### Declaration

I agree to my child receiving medication as instructed and any urgent dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the class teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Parent Signature: ..... Date: .....

Full Name: .....