

Parental/Guardian Consent Form



Location (Holiday course/School course)

BikeAbility (National Standards) 1 / 2 / 3 (Levels 2 & 3 are on road training)

Dates

I AGREE TO MY SON/DAUGHTER [NAME] [AGE].....
taking part in the above cyclist training course and have read the information supplied.

MEDICAL INFORMATION

Does your son/daughter suffer from any condition requiring medical treatment, including medication? YES[Please specify]/NO[Delete as applicable].....

Is your son/daughter allergic to any medication? YES[Please specify]/No

DOES YOUR SON/DAUGHTER HAVE ANY SPECIAL NEEDS? If YES, please give details

.....
THIS SHOULD INCLUDE ANY LEARNING DIFFICULTIES, AS THERE IS SOME THEORY WORK, YET CHILDREN DO NOT RIDE BIKES WHILST READING FROM A MANUAL, SO WE ARE PREPARED TO GIVE EXTRA TIME TO THOSE WHO NEED THAT LITTLE EXTRA HELP, SO WE CAN TALK THE THEORY THROUGH AND BE SURE OF THEIR UNDERSTANDING OF IT.

I undertake to inform the Group Leader/Head Teacher as soon as possible of any changes in the medical circumstances of my child.

Declaration by parent/guardian NAME:

BY DOWNLOADING THIS FORM AND RETURNING THE CONSENT FORM DULY SIGNED AND DATED I CONFIRM MY AGREEMENT TO THE TERMS & CONDITIONS HEREIN AND FOR MY SON/DAUGHTER'S PARTICIPATION IN THE ACTIVITIES DESCRIBED ALSO FOR PHOTOGRAPHS OF THE COURSE TO BE TAKEN WITHIN THE BOUNDS OF THE CHILD PROTECTION ACT FOR USE BY RSCT AND THEIR SPONSORS, INCLUDING FOR USE ON THEIR RESPECTIVE WEBSITES. I ALSO ACKNOWLEDGE THE NEED FOR RESPONSIBLE BEHAVIOUR ON HIS/HER PART. FURTHER I AGREE TO MY SON/DAUGHTER RECEIVING MEDICATION AS INSTRUCTED AND ANY EMERGENCY DENTAL, MEDICAL OR SURGICAL TREATMENT, INCLUDING ANAESTHETIC, AS CONSIDERED NECESSARY BY THE AUTHORITIES PRESENT. I UNDERSTAND THE EXTENT AND LIMITATIONS OF THE INSURANCE COVER PROVIDED. I MAY BE CONTACTED ON THE FOLLOWING NUMBERS:

Work:Home/Mobile:.....

Home Address:**POST CODE**.....

Name,address and telephone number of family doctor:

Signed:

NAME (IN CAPITALS if different from above): Date:

Email Address[Optional] :-
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