



www.SuffolkRoadsafe.com

Parental Consent Form

On behalf of (Child's Name): (Age:),

- ✓ I understand that much of this training will take place on the road.
- ✓ Can confirm that my child can confidently ride a roadworthy bike without stabilisers.
- ✓ They will be wearing a correctly fitted cycle helmet.
- ✓ They can ride one handed in a straight line, whilst looking behind them for a second or two
Please note: The instructors will not be able to teach your child to actually ride a bike.

★ Tick here if you **DO NOT** want your child's bike adjusted by the instructors. This may mean your child will not be able to take part if the bike is not suitable or roadworthy.

★ Please ensure your child has a rucksack to carry their own medications, sun cream, drinks and snacks. Children will need to can apply their own suncream.

★ Please list below any special medical, physical, or other needs that we should be made aware of (e.g. Asthma, ADHD, allergies). This will allow us to ensure that we can best deliver the course for them.

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★ Please ensure your child carries any medication they may need (i.e. asthma inhaler) as they may be some distance from school.

★★ If you child has any issues that mean they cannot use both brakes, or would interfere with their riding ability, please let us know in advance of the course. There are often suggestions that we can make to assist, including the potential for the bicycle to be modified.

I, (Parent / Guardian), hereby give my consent for the above-named child to take part in Bikeability training with the Bikeability Instructors from Suffolk County Council.

Signed:(Parent / Guardian)

Please return this form to school as soon as possible as places are on a first come, first served basis. Training cannot take place without a signed parental consent form.