



## EAST ADELAIDE SCHOOL

**TITLE OF THE INSCHOOL EVENT:** *Way2Go* Bike Ed lunch time bike riding

**YEAR LEVEL:** 4, 5 and 6

**LOCATION:** East Adelaide School

**DAY/DATE:** Every Thursday of Term 2, commencing 25 May 2017

**TIMES:** 12.50pm – 1.20pm

**COST:** Nil

**TEACHERS INVOLVED:** Lindsey Gilmore, Brad Hoare, Ali Kimber, Julie Day and Heather Douglas.

As a follow up to the *Way2Go* program which was undertaken by our Year 4 classes in Term 1, we will be having lunchtime cycling sessions.

The students will ride on the footpath around the school, and will not be riding on the road at any time. Children will be supervised by four teachers standing at points around the school boundary.

The number of students riding will be restricted to 20 per session. Students will need to return the attached consent form to secure a spot and we will utilise a roster system to ensure equity. Students will be reminded on Mondays if they are on the roster to ride that Thursday.

Riding will only occur IF the weather allows (consistent with our EAS wet weather policy).

**Where to meet:** the bike racks at 12.50pm with helmets.

**What to bring:** road-worthy bicycle, helmet, enclosed shoes and appropriate riding clothing (no loose clothing).

NB: Please ensure that your child's bike is safe to ride eg tyres inflated, brakes working.

## ACTIVE KIDS ARE SMARTER KIDS

*Please return the attached consent form to the class teacher by Monday 22 May 2017.*

Students must have **written** permission to be able to participate.



CONSENT FORM FOR BIKE RIDING

(To be completed in conjunction with medical information and activity information sheets)

Please use block letters when filling out this form

As a parent/guardian of:

STUDENT/CHILD'S NAME

I:

PARENT/GUARDIAN NAME

give my consent for him/her to participate in:

NAME OF ACTIVITY: Lunchtime Bicycle Riding
REASON FOR AND DESCRIPTION OF ACTIVITY: As a follow up to our Way2Go program, undertaken by our year 4 classes in term 1, we will be having lunchtime cycling sessions...

at/on:

LOCATION: Outside perimeter of East Adelaide School
FROM: 2 5 0 5 1 7 TO: 0 6 0 7 1 7 OR ON:

The school/preschool will use the student's current Health Care Plan unless otherwise instructed.

Has a current Health Care Plan been provided to the school/preschool? Yes [ ] No [ ]

If No, please provide an updated Health Care Plan to the school/preschool on completion of this form.

Details of planned activities, transport arrangements, anticipated number of students/children and supervising teachers/instructors are provided on the information sheet attached.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
The information given is accurate to the best of my knowledge.

Signed: \_\_\_\_\_

Date: / /

Emergency Contacts - Parent/Guardian

NAME, ADDRESS, POSTCODE, HOME TELEPHONE, WORK TELEPHONE, ALTERNATIVE TELEPHONE

Student Medic Alert Number (If applicable):

\*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.