



EAST ADELAIDE SCHOOL

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

YEAR LEVEL: 4, 5 & 6

LOCATION: East Adelaide School

DAY/DATE: Every Thursday of Term 3, commencing 03/08/2017

TIMES: 12:50 – 1:20

COST: Nil

TEACHERS INVOLVED: Brad Hoare, Ali Kimber, Julie Day, 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 12.50 pm 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



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: East Adelaide School

FROM: 0 3 0 8 1 7 TO: 2 8 0 9 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 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.
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.