



Pupil Consent Form

Your child is being offered bike ability training levels 1 & 2 at your school. All pupils must be able to cycle on their own confidently without any help or assistance from an adult.

Important Information:

- The pupils will be outdoors most of the time.
- Pupils will practice simple cycling techniques in the school playground, and if competent will be cycling on roads local to school taking part in bikeability 2 training.
- Please check weather forecast each day.
- All areas have been risk assessed by qualified tutors from cycling Scotland.
- Pupils are encouraged to bring their own helmet but it has to be a traditional style helmet, not a BMX helmet that will cover the jaw. We have a limited number of helmets that can be borrowed.
- Pupils should bring their own bikes as we only have a limited amount that can be shared. We only have a limited number of bikes that can be used by pupils in the school
- Pupils who are not at the required level for bikeability 2 cannot take part in the session.

Can you please fill in the attached consent form and return to the school office before for the return date allocated by the school.

If you have any questions regarding the programme before the visit, please contact us with the details below:

Outdoor Education Team

Email: EFOE@northlan.gov.uk



Consent Form

Full Name of Pupil: _____

Date of Birth: _____

Home Address: _____

Post Code: _____

School Name: _____

Emergency Contact 1:

Parent/Guardian Name: _____

Emergency Contact Number: _____

Emergency Contact 2:

Parent/Guardian Name: _____

Emergency Contact Number: _____

Medical Information:

Does your child have any medical conditions, allergies, or require any medication?

If yes, please provide details:

Medical Conditions: _____

Allergies: _____

Medication Details: _____

Special Dietary Requirements: _____

Outdoor Activity Permission:

Can your child ride a bicycle? ☐ Yes ☐ No

As the Parent/Guardian, I agree that I am happy for my child to attend the Bikeability levels 1& 2.. In the event that emergency first aid is to be administered to my child, I agree that I am happy for this to happen.

Print Name:

Sign & Date