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| **Parent / Guardian information and Consent Form****Please read carefully before signing****To the Road Safety officer:**  |
| **I consent to** **(name of child):**  |  | **Date of birth** |  |
| Taking part in a Bikeability Scheme at **(name of school)** part or all of which will take place on the public highway  |  |
| **PLEASE ANSWER THE FOLLOWING:** | **Yes** | **No** |
|  |  |  |
| **Does your child, or anyone in your household** have Covid-19 symptoms? |  |  |
| **Has your child, or someone in their household** had Covid-19 symptoms in the last 14 days? |  |  |
| **Does your child have access to a bike and helmet for their sole use** during the course? *(we are currently unable to lend bikes & helmets or allow for the sharing of bikes during the course)* |  |  |
| **Is the bike in a road worthy condition & does the helmet fit** correctly - see pages 6&7 in the Cycle Right Booklet? |  |  |
| **Does your child require medication to be with them whilst riding**, and can they carry and administer this mediation themselves?If so, please give details:  |  |  |
| **Any other Health, Medical, or Support needs & information?****Or any other relevant or useful information on the participant?**If so, please give details: |  |  |
| **Signed:****Date:** |
| I understand that the cycle is taken on to the school premises at my risk.I will undertake to ensure that the cycle is in roadworthy condition and will ensure my child wears a correctly fitted cycle helmet which is in good condition and conforms to British Safety Standards. Personal information contained in this form will be used by West Sussex County Council for the purposes of the indicated training course only and will not be shared with third parties. Your information will not be stored or held on file. At the end of the training course, this consent form will be deleted in accordance with our data retention policies. For more information please see our privacy policy www.westsussex.gov.uk/privacy-policy  |