

Consent form for: Cycle session / Activity

Name of child

Activity Name...

Activity Date.....

Date of birthSchool

Address

Postcodeemail address@.....

Home phone numberMobile

Please fill out **ALL** necessary contact details.

Emergency Contact Details: Please print.

Name.....Relationship to child.....

1st Number

2nd Number.....

Medical: Are there any medical conditions we should be aware of – yes / no.

If yes please give details

.....

I give permission for my child to take part in Cycling Activities.

I also authorise the organisers of the Activity to take any necessary decisions about emergency medical treatment for my child in the event that I cannot be contacted.

Signed by parent/guardian

.....Date.....

Cycle Derby use photographs of children in their publicity material. We would like to include photographs of the Cycling activity, strictly in accordance with Department of Education guidelines on the use of pupils' photographs. Please sign below if you give your permission for your child's photograph to be taken and used.

Signed by parent/guardian:.....Date:.....