HAMLYN BANKS PRIMARY SCHOOL  NO 4804
2-24 CHAUCER STREET, HAMLYN HEIGHTS, 3215
TELEPHONE: (03) 5278 3100  FAX: (03) 5272 1030

APPROVAL FOR PARTICIPATION IN BIKE EDUCATION COURSE

As part of the school curriculum, the Bike Education Safety Course is taught to students in Grade 4 where they take part in learning new riding skills, knowledge of road rules, self-awareness with their bikes and most importantly ROAD SAFETY. Students do not ride on the road in the year 4 program.

The Bike Education Program will take place in Term 1 for Grade 4 students. Lessons will begin on Monday 29th February and will continue each day for two successive weeks until Friday 11th March. If the weather is inclement, we will be covering skills in the classroom.

For your child to participate effectively in this program there are two requirements:
- a legal bike helmet of appropriate size with properly adjusted and fitted straps (carrying the Australian Standards Mark AS/NZ 2063 for bicycle helmets).
- a roadworthy bike of suitable size. Please refer to attached checklist.

Students may make arrangements to borrow a bike if a suitable one isn’t already owned.

Please ensure that all bikes and helmets are in a safe/roadworthy condition for the safety of all the participants in our program.

Bikes will be secured within the bike shed at the beginning of each Bike Ed. day and released at the 3:15 pm bell. Arrangements can be made to leave bikes at school if necessary. All reasonable care will be taken to ensure the security of the bikes, however the school cannot take any responsibility for loss or damage to bicycles while they are stored at the school.

If you have a question regarding any aspect of our Year 4 Bike Ed. Course, please speak to us directly or phone the school.

Please return the permission notice below by Monday February 22nd.

Julie Jarick (Year 4 Bike Ed. Coordinator)

YEAR 4 BIKE EDUCATION PERMISSION FORM

In compliance with Ministry practice, it is necessary for parents to notify schools of any special medical circumstances that exist in relation to School Camps, Excursions and Sporting activities. As a consequence, we request parents to indicate below any special medical circumstance that relates to your child participating in the Bike Education Course.

Child’s Name: ___________________________________________ Grade: __________________________

Emergency Telephone Contact(s): 1. ___________________________ 2. ___________________________

Medical Circumstances: (Please circle where applicable)

a. Diabetes Yes/No  b. Epilepsy Yes/No  c. Asthma Yes/No  d. Haemophilia Yes/No  e. Other [Please Ind] ___________________________

Medication Provided/with instructions: _______________________________________________________

I hereby give permission for my child to participate in the Year 4 Bike Education Course.
I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed: ___________________________________________ (Parent/Guardian)