

Permission Notification Report

Bike Ed 4D/H, 5L, 6D

Dates: from 11/12/2017 to 15/12/2017

Details of excursion: As part of the Bike Ed program students will have the opportunity to put the skills they have learnt during the term into practice out in the community. This ride will be fully supervised by Mr Carey or Mr Shaw and the home group teachers. The ride will take place during each home groups allocated Bike Ed time and will use the paths around CEPS. Students will need their helmets, water bottle, asthma puffer (if required) and bikes where possible. Form to be returned by 4pm Wed 6th Dec.

Destination: Paths around CEPS

Special needs: Monday 11th Dec 6D 9:00am, 5L 10:00am, 4D 2:15pm, Friday 15th Dec 4H 11:30am.
Rides will not go ahead in the case of inclement weather.

Transport method: Bicycle

Adult responsible: Mr Dale CAREY

Cost: **\$0.00**

Student details:

Tear off slip

Please check details on this slip, sign and return to the school no later than the 06/12/2017.

Bike Ed 4D/H, 5L, 6D

Dates: from 11/12/2017 to 15/12/2017

Cost: \$0.00

Medical condition/s:

Access Alerts:

Home telephone:

Home mobile:

Emergency contact number for this excursion:

Doctor name:

Doctor telephone:

Medicare number:

Family has ambulance subscription:

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of parent/guardian: _____

Date: _____

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

NOTE: Parents/guardians should provide written approval prior to their child taking part in any excursion.