

BICYCLING PERMISSION FORM

Name of Student: _____ Supervisor: _____

Date(s) of Trip: _____ Depart Time: _____ Return Time: _____

Please provide details of the trip and activities students will participate in or attach a letter to parents/guardians with the details of the trip. For overnight trips, include eating and sleeping arrangements:

Parents/guardians and students should understand the dangers of riding bicycles on the road, marked trails and in traffic. This includes understanding the rules and responsibilities of bicyclists, the potential for an accident and the requirement to follow adult directions while participating in a ride. We ask that you talk with your student about the potential dangers associated with this activity and assess their ability as a bicycle rider before allowing them to participate in this activity.

Medical Information: In the space below, list special health problems we need to be aware of (severe reaction to bee stings, severe food allergies, asthma, diabetes, seizures, etc.), medications being taken or special dietary needs. It is the responsibility of the parent/guardian to notify the teacher/coach/nurse of any life-threatening allergies: _____

Each student participating in an overnight trip who will bring and/or use any medication during the trip must submit an Overnight Field Trip Medication Request Form 2320F-7 signed by their parent/guardian and licensed health care provider, if applicable. Form 2320F-7 must be submitted at least five days prior to the trip.

Awareness of Risk: Although I understand that Bellingham School District will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in my child's participation in this activity. I accept full responsibility for the behavior of my child during this activity. In the event of an injury or illness, I understand that reasonable effort will be made to contact the parent immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached, the adult in charge will secure emergency medical care as needed.

Being fully aware of the risks, I hereby give my consent for the above-named student to participate in the above-mentioned activity.

Parent/Guardian Signature_____
Date_____
Student Signature (for grades 6-12)_____
Parent/Guardian Printed Name_____
Phone Number: Home/Cell/Work_____
Emergency Contact Person_____
Emergency Contact Phone Number_____
Name of Preferred Doctor_____
Doctor's Phone Number