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Dear Parent / Carer

Please complete and return this form to your child's primary school if you wish your child to ride on the seatbelt sled. Details of this are included in the accompanying letter.

I, the parent / carer * of [child's name], give permission for my child to take part in the seatbelt sled activity.

In case of emergency, I give permission for an anaesthetic to be administered.

Any child with any of the following conditions **must** not be allowed to use the equipment:

- Suffer from heart problems
- Are on medication such as Warfarin
- Suffer from panic attacks
- Suffer from neck or back problems e.g. as a result of a previous whiplash injury

My child requires / does not require * behavioural support to safely be part of this activity.

Signed: Print name:

Date: School: