#  THE WALKING BUS

# Permission Note

(A separate form MUST be completed for each child. Please fill in ALL relevant parts of the form)

|  |  |
| --- | --- |
| **Child’s Name:****Infant** 🞎 **Junior** 🞎 | **Route:** |
| **Date of Birth:** |
| **Parent / Guardian’s Name:** | **Postcode:** |
| **Any medical condition which may affect their participation? Yes/ No****If yes, please provide details…** |
| **Emergency Telephone Number:** | **Email:** |

# Parent / Guardian Consent

I agree to (insert name)………………………………………………………………… using the Walking Bus

**Please tick the box on the right that you agree to the following;**

|  |  |
| --- | --- |
| I will make sure that my child is:* at the ‘bus stop’ at the agreed time
* Wearing the high visibility safety equipment provided
 | 🞎 |
| I understand that high visibility equipment must be returned to the school should my child no longer use the Walking Bus. | 🞎 |
| I agree to declare any physical/ medical condition which may affect my child’s participation and will notify the escort of any medication which my child is taking in relation to any condition  | 🞎 |
| I understand that the bus cannot wait for late arrivals and so, if for any reason we miss the bus, I need to make other arrangements to ensure that my child gets to school. | 🞎 |
| I realise that my child’s journey to and from school is still my responsibility even when they are using the walking bus.  | 🞎 |
| I (any parent or guardian of child) will volunteer on the Walking Bus at least once every 5 times my child is booked onto the bus. | 🞎 |
| I confirm that my child has understood and signed the Pupil Promise (see p.3) | 🞎 |
| I will read the Walking Bus Helpers Guidelines before volunteering on the Walking Bus | 🞎 |
|  |  |

**Signed: (parent/guardian) Printed:**

**Date:**

Volunteer and Pupil Rota**:** EDIT AS APPROPRIATE:

**I would like my child to participate on the Walking Bus on the following days; only include days the Walking Bus will be running**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Monday* | *Tuesday* | *Wednesday* | *Thursday* | *Friday* |
| *Morning* |  |  |  |  |  |

I will drop off my child off at the following stop (please tick appropriate box); **provide description of each ‘bus stop’ the Walking Bus will be passing through**

|  |  |
| --- | --- |
| Stop 1: |  |
| Stop 2: |  |
| Stop 3: |  |
| Stop 4: |  |
| Stop 5: |  |
| Stop 6: |  |
| Stop 7: |  |

All parents/ guardians who use the Walking Bus are expected to volunteer at least 1 out of every 5 times their child is using the bus

**I can volunteer on the following days/times** **only include days/times the Walking Bus will be running**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Monday* | *Tuesday* | *Wednesday* | *Thursday* | *Friday* |
| *Morning* |  |  |  |  |  |

|  |  |
| --- | --- |
| *I have already filled in my availability for another child* | 🞎 |

Volunteer Training

Volunteer training will provide skills on accompanying large groups of children safety along the approved route for the Walking Bus.

# I am available for volunteer training on the following days (please circle) ask the trainer beforehand what dates/ times they are available

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**Signed: (parent/guardian) Printed:**

**Date:**

**Please explain this promise to your child and ask them to sign the promise themselves.**

|  |
| --- |
| **Pupil’s Promise**When I am part of the Walking Bus, I promise to:* Wear my high visibility jacket
* Behave sensibly and safely at all times
* Listen carefully and follow instructions
* Walk with a partner if asked
* Walk on the footpath until I’m told it is safe to cross
* Cross roads as told by adults
* Look after my own belongings

**Child 1**Signed (Pupil)Printed name Date:   |