#  St Albert’s Walking Bus

# Permission Note

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

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| **Child’s Name:****Infant** 🞎 **Junior** 🞎 **Upper**  🞎 | **Bus Stop No. :**  |
| **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;**

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| --- | --- |
| 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 confirm that my child has understood and signed the Pupil Promise (see p.3) | 🞎 |

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

**Date:**

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

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| **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:   |