

THE WALKING BUS

Parental permission note & pupil's promise

School ^{Year} Route.....

Child's Name DoB.....

Are there any medical issues we should know about regarding your child? Yes / no

If yes please specify

My child will be using the Walking Bus : am only / ~~pm only~~ / both (please circle the relevant answer)

Parent / Guardian's Name:

Address / postcode:

Tel. Numbers: Home:..... Work:..... Mobile:.....

Email:

Name of person collecting child if different from above:.....

Tel. Numbers: Home:..... Work:..... Mobile:.....

Please give details of an alternative contact if the child's parent / guardian cannot be contacted:

Name: Tel Number: Relationship to child:

Parent / Guardian Consent

I agree tousing the Walking Bus.
(Please print the child's name above)

I will make sure that he / she is:-

- **At the 'bus stop' at the published time**
- **Wearing the high visibility waistcoat provided.**

I understand the waistcoat must be returned to the school should my child no longer use the 'Walking Bus'. I agree to the person in charge of the party giving consent, on my behalf, for an anaesthetic to be administered and to any other urgent medical treatment.

Signed... (Parent / Guardian)

Printed name..... Date

To be recognised as 'approved schemes' Walking Buses must be set up and operate in accordance, with the Walking Bus Guidelines issued by Kent County Council and Medway Council. Your Walking Bus Co-ordinator has a copy of these guidelines. More are available from your local KCC or Medway School Travel Planner.

Your school's Walking Bus route/s have been risk assessed and approved by KCC or Medway Council. These routes should be followed at all times. A copy of the route map and risk assessment is held by the school.

Data Protection Act 1998



Any personal information that you provide will be used by KCC, Medway Council and Kent and Medway Walking Bus Group. It will not be used for any other purpose and will not be disclosed to anyone else without your consent.