

## Parental permission note & pupil's promise

School: **Monkton CEP School** Route: **Parsonage Fields - 8:15am**

**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 to .....using the Walking Bus.  
(Please print the child's name above)

I will make sure that he / she is:-

- **At the 'bus stop' at 8:15am**
- **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.

**Parent please note:**

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

**Pupil's Promise**

When on the Walking Bus, I promise to:

- behave sensibly
- listen carefully and follow instructions
- walk with a partner if asked
- not push the person in front or lag behind
- not run into the road

Signed by pupil: .....

**Walking Bus Questions**

1. When did you / will you join the Walking Bus at your school? (estimate if required)  
.....date.....month.....year
2. Before you joined the Walking Bus how did you mostly travel to school? Or how did you plan to come to school in joining scheme in reception year?  
Car / walk / bus / train / other (please specify)
3. How many days did you walk to School before you joined the bus?    1 2 3 4 5
4. How many days do you / will you walk to school now?    1 2 3 4 5
5. When you drove to school was it a special journey / detour?    Yes / No
6. What size of car do you / did you use for your trip to school?    Under 1200cc  
1201cc to 2000cc  
over 2001cc
7. How far is your journey between home and school (one way)? ..... miles (estimate if needed)
8. If you are a volunteer helper on your Walking Bus would you be interested in taking a free two hour first aid course?    Yes / No
9. Do you want your child to take the projects road safety skills test when available?  
Yes / No / Not sure
10. Walking Buses regularly receive publicity in the media and on the Walking Bus Project's website. It is our policy to use full names and ages for newspaper articles and first name and age only for stories on our own website. Do you approve your child being involved in Walking Bus publicity and photocalls on this basis?  
Yes / No

**Please return this form to your school office and send a copy to: Please return this form to your school office and send a copy to: KM Charity Team, Gazette House, 5-8 Estuary View Business Park, Boorman Way, Whitstable CT5 3SE..**

