



Parental Permission Note & Pupil's Promise

School: West Malling CofE Primary School & McGinty Language Centre

Walking Bus route: Tesco car park to school

Child's name: **DoB:**

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

If yes please specify

My child would like to use the walking bus:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

I will be able to help on the walking bus as follows:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Parent/Guardian's Name:

Address / postcode:

Email :

Emergency 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(ren)s name above)

I will make sure that he / she is:-

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

I understand the tabard 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

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(s):

3. Walking buses regularly receive publicity in the media and on the Walk to School website www.kmwalktoschool.co.uk. 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 NOTE - Your personal information will be stored by the school who will serve as the main data asset holders.

The information that you have provided will be referenced in the event of an emergency, where the school and/or adult Walking Bus volunteer may be required to make direct contact.

In addition, the personal information that you have provided will only be retained on the Walking Bus register and/or educational setting during the time in which you and the child[ren] under your care are associated with the Walking Bus initiative.

Your details will not be shared with any other third parties and will be used purely for operational purposes as required in conjunction with the Walking Bus initiative.

By consenting to the terms outlined within this form, you also have the right to:

- *Withdraw your consent at any time;*
- *Have your Personal Data deleted or otherwise removed;*

Name: _____

Signed: _____

Date: _____

Please return completed form to: Jo White

Note: School Office staff – please keep a copy of this form on file