

Does your child normally carry any medication? YES / NO.

If YES, please give details: .....

.....

Is your child allergic to any medication? YES / NO.

If YES, please give details: .....

.....

Has your child received a tetanus injection in the last 10 years? YES / NO

**Tick Boxes**

I authorise the Walking Bus Co-ordinator / School to obtain emergency medical treatment (including anaesthetics) should it become necessary.

I understand the extent and limitations of the insurance cover provided.

Is your child being collected at the bus collection point / bus stop? YES / NO.

If YES, by whom: .....

I agree to my child walking along or near the public highway.

Parent / Guardian signature: .....

Date: .....

**This form must be completed by the Parent / Guardian. It must be returned to the Walking Bus Co-ordinator / School before joining the Walking Bus. Failure to do so will result in your child being refused enrolment on the Walking Bus.**



# Walking Bus

## Parent / Guardian Consent Form

Whilst every care will be taken to ensure your child's safety, your attention is drawn to the insurance cover provided by Devon County Council which is for **public liability only**.

Additionally, the organisers cannot be responsible for the safe conduct of your child to and from the bus collection point / bus stop.

The Walking Bus Co-ordinator / School reserve the right to refuse admission to any children who misbehave or potentially put the safety of others on the walking bus at risk.

**Road Safety Help Desk 0845 155 1004**

Email: [rshelp@devon.gov.uk](mailto:rshelp@devon.gov.uk)

Website: [www.devon.gov.uk/road\\_safety](http://www.devon.gov.uk/road_safety)

**The following part of this form must be completed by the Parent / Guardian. It must be returned to the Walking Bus Co-ordinator / School before joining the Walking Bus. Failure to do so will result in your child being refused enrolment on the Walking Bus.**

# The Walking Bus

The walking bus will operate on or near the public highway and whilst close supervision will be exercised at all times, there is an element of risk. It is considered that the road safety experience of walking in this controlled manner is beneficial and relevant to the child's educational needs, however, it is for you to decide whether you should enrol your child for this Walking Bus.



**Please read and complete this Consent Form carefully before signing.**

**BLOCK CAPITALS PLEASE.**

Child's name:.....

Whilst the Walking Bus is in operation I may be contacted by telephoning  
(please include STD code):

Home: .....

Mobile: .....

Work: .....

Address: .....

.....

.....Postcode: .....

If I am not available, please contact: .....

Telephone number (including STD Code): .....

Name, address and telephone number of family doctor: .....

.....

.....

.....Postcode: ..... Tel No: .....

Does your child suffer from any physical/medical conditions, which could be affected by this activity? YES / NO.

If YES, please give details: .....

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