



**Tuscan Elementary
WALKING SCHOOL BUS PROGRAM**

Parental Consent Form

Purpose and Explanation of the Program

The Walking School Bus program is designed to get communities to work together to get children to school actively and safely. Children who participate in the program walk to school in groups led by adult volunteers.

THE TUSCAN ELEMENTARY WALKING SCHOOL BUS students will be walking to school between 8:10am-8:30am every Friday morning between March 15, 2013 and June 21, 2013.

Program Objectives

The goals of the Safe Routes to School program include the following:

- Increase daily physical activity for children and adults in the neighborhood.
- Increase safety for pedestrians in the neighborhood.
- Reduce traffic in and around the neighborhood and school.
- Decrease crime when more people are outside keeping an eye on their neighborhood.

Potential Risks

The Walking School Bus Program is intended to reduce the risk of injury to children as they travel to school through the use of volunteer adult supervision.

Inclement weather/ Program Cancellation

Parents will be notified by email by 7:15am if the Walking School Bus will be canceled that day. In the event of rainy yet safe conditions, Children should be able to hold their own umbrellas and have protective weather gear, appropriate for that day, at all times.

Voluntary Consent

I certify that I have read this consent form or it has been read to me and that I understand the program and its risks. By signing this consent form, I agree to allow my child to participate in this program.

Emergency Contact

I understand that if my son/daughter becomes ill or is injured during the trip to and from school, someone will attempt to contact me or an emergency contact at the numbers listed below or in the school office:

_____ (phone #) _____ (Parent Name)
 _____ (phone #) _____ (Other emergency contact)

If I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance, and I agree that I will be solely responsible for any and all costs incurred as a result. I further agree to hold harmless TUSCAN ELEMENTARY, its board members, its employees and any volunteer for this program for any injury that occurs to my child which is not the result of action or inaction by the district or its representatives.

Child's Name: _____ **Homeroom & Grade** _____
Route Color _____ **Child's Address** _____

Signature of Parent or Guardian: _____ **Date:** _____
Email Address: _____

Please return to the front office or to Camilla Zelevansky at camizelevansky@gmail.com