



YES! I'd love my child to catch the *Walking School Bus*

Parent and carer consent information

Parents

You are responsible for:

- supervision of your child between home and actual pick-up by the *Walking School Bus*
- your child being on time at the designated pick-up point
- impressing on your child that they comply with the directions given by the volunteers
- providing their own volunteer services if your child has special needs
- contacting the Volunteer Coordinator by 8 a.m. that day if your child is not walking

RiskCover

Parents accept that, although the risk of harm to children is reduced by the presence of trained volunteers, it cannot be eliminated.

Injury claims of the children cannot be assumed to be covered under the liability insurance provided to the volunteers.

The liability insurance only responds to claims where the *Walking School Bus* volunteers are legally liable for the injury. Outside of this students should be covered for medical treatment by Medicare or Private Health Fund.

Children

Children are expected to behave responsibly in relation to the road traffic environment and towards all participants on the bus.

Volunteers

The volunteers are:

- not responsible for the safety of children between their home and the designated bus route
- to have parent approval to seek medical assistance in the event of an accident, injury or illness arising during the trip. This will be at the cost of the parent/carer.
- to give advance warning when schedules will be suspended. ***Walking School Buses will not operate in road weather alert conditions.***
- to provide a supervisory ratio of adults to children, a maximum of 10 children to 1 adults
- responsible to alter a *Walking School Bus* route without notice if a route hazard occurs that would place the participants at risk. Parents will be notified of such changes as soon as practicable.

PLEASE NOTE: The *Walking School Bus* is not a School Activity. Protection under the State Government liability insurance is extended to the trained volunteers.

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I/We understand and accept the conditions cited in the Consent Form

PARENT/ CARER NAME (s): _____
FULL NAME _____ SIGNED _____ / ____ /200__

Child(ren)'s names

1 Year level ____	2 Year level ____	3 Year level ____	4 Year level ____
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Contact details

Home Address	Phone (line)	Phone (Mobile)	E-mail
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YES! I'd like to help the *Walking School Bus*

I can volunteer occasionally, or regularly ☐

I am unable to volunteer ☐

Please return this slip to your Volunteer Coordinator, or

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