



Florida Safe Routes to School Walking School Bus Program

Dear Parents and Guardians,

_____ Elementary School is starting a Walking School Bus Program. A Walking School Bus is a group of children walking to/from school with adult supervision. By encouraging children to walk to school, Walking School Buses offer benefits such as increased physical activity, less pollution and traffic congestion around the school, and improved safety for those already walking.

Walking School Buses can operate in different ways. One type involves parents dropping their children off at a designated location and trained adult volunteers walk/supervise the children to school. Another type involves volunteers stopping at each child's home on a planned route to school. The type of Walking School bus most appropriate for your child depends on factors such as home address, number of volunteers and children involved, and the availability of safer walking routes to school. Once student registrations are received, the type of Walking School Bus will be determined.

***For schools: If your school has decided to only offer one type of Walking School Bus (e.g., drop off location, pick up at each home on route, etc.), no need to discuss different types (i.e., remove paragraph above). Instead, provide explanation of the type you will be using. For example:

The _____ Elementary School Walking School Bus program will operate by parents taking their children to a designated location off school grounds (e.g., park, library, etc.), and trained adult volunteers will walk with/supervise the children as they walk to school. Similarly, after school, children and adult volunteers will walk to a pick up location off school grounds. This method helps reduce traffic around schools and allows children to get physical activity to and from school.

The Walking School Bus may be scheduled for every morning and afternoon, or it may operate less frequently depending on the number of adult volunteers and student walkers.

If you are interested in having your child participate in the program, please complete the Registration form and return it to _____ by _____. If you are interested in being a Walking School Bus parent volunteer, please note this on the attached student registration form. After the registration form is returned, a confirmation letter and/or email will be sent with more information about the program. The Walking School Bus program will begin _____.

If you have any questions about the Walking School Bus program, please contact _____.

Thank you!



Walking School Bus Registration Form

Thank you for your interest in the Walking School Bus program! Please fill out the Registration and Release Forms and return to the school by _____. If you have more than one child attending _____ School, you can register them on the same form.

Are you are interested in being a Walking School Bus parent volunteer? Yes No

	Child 1	Child 2	Child 3
Name			
Grade			
Home address			
Home phone			
Work phone			
Cell phone		Text message?	Yes No
Email address			
Parent/Guardian name(s)			

Days my child/children can participate in the Walking School Bus program:

*Indicate AM if your child can participate in the morning and PM if they can participate in the afternoon.

Name	Monday	Tuesday	Wednesday	Thursday	Friday
	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>

Parent Signature _____ Date _____



Walking School Bus General Release and Waiver of Liability

A Walking School Bus is a group of children walking to/from school with adult supervision. By encouraging children to walk to school, Walking School Buses offer benefits such as increased physical activity, less pollution and traffic congestion around the school, and improved safety for those already walking.

The goals of the Walking School Bus 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.
- Increase community cohesion by helping neighbors get to know one another.

While the Walking School Bus is intended to decrease the risk of injury as students walk to and from school with adult supervision, there are some risks. Risks include, but are not limited to, injury as a result of motor vehicle crashes, falling down, overexertion, effects of weather, and carelessness.

In consideration of my child/children being allowed to participate in the Walking School Bus program, I hereby release _____ (school district to add specific release language).

I have read this form or it has been read to me and I understand the program and the associated risks. Despite the potential risks associated with participation, by signing this form I agree to allow my child to participate in the Walking School Bus Program. I freely accept and assume, on behalf of myself and my minor child/children, all risks, dangers, and hazards that may arise from participation in the Walking School Bus program.

Child's Name: _____

Parent Signature _____ Date _____



Walking School Bus Volunteer Application and Release

Thank you for your interest in volunteering with the Walking School Bus program at _____ School. Volunteers must complete this form and return to:

Name _____ Email _____

Mailing address _____

*Each school board may have requirements to become a volunteer (e.g., background screening).

Volunteer Information

Name: _____

Address: _____

Home phone: _____ Cell phone: _____ Text: Yes No

Email: _____

Availability

Please indicate the days and times you are available to volunteer.

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings (7am-9am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons (2pm-4pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Dismissal (12pm-2pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

*see next page for Volunteer Release and Waiver of Liability



Walking School Bus Volunteer General Release and Waiver of Liability

There are potential risks associated with participating and/or volunteering in the Walking School Bus program. Risks include, but are not limited to, injury as a result of motor vehicle crashes, falling down, overexertion, effects of weather, and carelessness.

In consideration of my participation in the Walking School Bus program, I hereby release _____ (school district to add specific release language).

I have read this form or it has been read to me and I understand the program and the associated risks. Despite the potential risks associated with participation, by signing this form I agree to participate and/or volunteer in the Walking School Bus Program. I freely accept and assume all risks, dangers, and hazards that may arise from participation in the Walking School Bus program.

Name _____

Signature _____ Date _____



Walking School Bus Rules and Policies

Student Rules

1. Arrive on-time to the walking school bus stop.
2. Walk safely with other children.
3. No running.
4. Follow instructions of the walking school bus leader and other volunteers.
5. Follow the rules.

Policies

- A completed Registration Form and Consent/Release Form are required for participation.
- Adult volunteers will be given training and undergo a background check prior to volunteering.
- Students must be at their pick up/drop off location on-time. If the Walking School Bus leader has not received a phone call or message from the parents, the walking school bus will continue as scheduled.
- Students must follow all instructions given by their Walking School Bus leader and other adult volunteers.
- Students who do not follow adult volunteer instructions or the rules will be reported to _____ and may no longer be able to participate in the Walking School Bus program.
- Under adverse weather conditions, the Walking School Bus will be cancelled. Notification of this cancellation will be sent to parents by _____.

- Adverse weather conditions include:

Temperature below _____ or above _____.

Heavy rain and/or lightning.

Severe weather warnings (e.g., tornado, hurricane, hail, potential lightning, etc.)

Parent Agreement

I will contact the Walking School Bus Leader by _____ if my child will not be participating on any given day, or if there are any changes in my child's schedule.

I have read the rules and policies and explained them to my child.

Signature _____

Date _____



Florida Safe Routes to School Walking School Bus Program

Dear Parents and Guardians,

Thank you for registering your child/children for the Walking School Bus program. We are excited to start this program at _____ School, and look forward to getting more students walking safely to and from school. Included in this packet are the Walking School Bus rules and policies, the Student Pledge, as well as the Release/Waiver form. Please make sure you sign and return all forms or your child/children will not be able to participate.

The Walking School Bus leader will be contacting you soon to introduce themselves and answer any questions you may have.

Walking School Bus Leader: _____ Phone: _____

Your child is scheduled to participate in the Walking School Bus during the following days and times:

Day(s) _____ Time(s) _____

Location _____

Reminders:

- The Walking School Bus will begin on _____.
- Make sure your child/children arrives on time.
- Contact the Walking School Bus leader by _____ if your child/children cannot participate.
- Please review the attached rules and policies with your child/children.

If indicated in your child's registration form that you want to be a parent volunteer, please fill out the attached volunteer application form. If you did not indicate this, but would like to volunteer, please contact the Walking School Bus leader above.

If you have any questions, please feel free to contact me. Thank you for participating in this program and we look forward to a successful year!

Sincerely,



Walking School Bus Student Passenger Pledge

I, _____ (print full name) agree to be a
passenger on the _____ Elementary School
Walking School Bus.

1. I agree to walk with other children.
2. I agree to arrive on time at my Walking School Bus stop.
3. I agree to listen to and follow the instructions of my Walking School Bus driver(s).
4. I agree to follow Walking School Bus rules.
5. I understand that if I misbehave I may not be able to continue my participation in the Walking School Bus Program.

Student Signature _____

Date _____

Parent Signature _____

Date _____



Walking School Bus Injury Report Form - Sample

Name		Date of injury:	Time of injury:
Who was injured: <input type="checkbox"/> Child <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			
Age:	Grade:	School:	
Place of injury:			
Parent/guardian information: Names:		Work phone:	
		Home phone:	
		Cell phone:	
Address:			

Report prepared by: _____

Time prepared: _____ Contact phone: _____

Nature of Injury

Part of Body Injured

Please indicate Left/Right/Center

- | | | | | | |
|---------------------------------------|--|-------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Laceration | <input type="checkbox"/> Abdomen | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | <input type="checkbox"/> Hand | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Poisoning | <input type="checkbox"/> Ankle | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | <input type="checkbox"/> Head | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C |
| <input type="checkbox"/> Asphyxiation | <input type="checkbox"/> Puncture | <input type="checkbox"/> Arm | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | <input type="checkbox"/> Knee | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Scald | <input type="checkbox"/> Back | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | <input type="checkbox"/> Leg | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Scratches | <input type="checkbox"/> Chest/Ribs | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | <input type="checkbox"/> Mouth/Lips | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Shock (elec.) | <input type="checkbox"/> Ear | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | <input type="checkbox"/> Neck | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Sprain | <input type="checkbox"/> Elbow | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | <input type="checkbox"/> Nose | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C |
| <input type="checkbox"/> Cut | | <input type="checkbox"/> Eye | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | <input type="checkbox"/> Tooth | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C |
| <input type="checkbox"/> Dislocation | | <input type="checkbox"/> Face | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | <input type="checkbox"/> Wrist | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C |
| <input type="checkbox"/> Fracture | | <input type="checkbox"/> Finger | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Foot | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> C | | |



Walking School Bus Injury Report Form - Sample (continued)

Description of the incident:

How did the injury happen? What was the individual doing? Where did the incident happen? Please detail the injury (location on body, severity, etc.). Were there any unsafe conditions or acts that contributed to the injury? What part of the body was injured (left, right, center, front, back, etc.)

Witnesses to the incident:

Contact info:

Immediate action taken

First-aid _____

Sent to school nurse _____

EMS called Time: _____

Sent to hospital Name of hospital _____

Person(s) notified: Mother Father School staff _____ Other

Signature of person completing form: _____ **Date** _____



Walking School Bus Incident Report Form - Sample

Name(s) involved:	Date of incident:	Time of incident:
Location of incident:	School:	

Type of incident

- Fighting
- Inappropriate language
- Failure to follow traffic rules
- Other
- Failure to follow adult instructions

Has child been cited for a previous incident: Yes No Don't know

Details of incident:

Action(s) taken:

- Contact parents
- Contact school
- Other

Report prepared by: _____

Time prepared: _____ Contact phone: _____

Signature: _____ Date _____