



# WELCOME

## Bluenose Academy Walking School Bus

### Welcome to our Walking School Bus Program at Bluenose Academy!

Kids and parents are excited about this new program and we hope you are too.

A Walking School Bus is a group of students, led by adult/older youth volunteers, who regularly walk to school together. It provides supervision, safety in numbers, physical activity, and a social atmosphere on the way to school. Students have fun and arrive energized and ready for the day.

A Walking School Bus (WSB) is flexible enough to fit your busy schedule, even if you can't walk in it every day. Even walking just two or three days a week benefits kids. You may also be surprised to learn that 9 out of 10 parents who walk children to school use it as a great way to meet new people, socialize, and get some daily exercise!

The following pages will help you and your child(ren) get ready to climb aboard and join the ride! Feel free to ask any questions and to join a WSB to test it out for yourself. Your WSB leader will talk to you about your WSB route, pick-up times, and scheduled walking days.

In this package:

- Welcome!
- Code of Conduct / Rules of the Road
- Enrollment Form (*please sign and return to the school*)
- Medical Form (*please sign and return to the school*)



## Bluenose Academy Walking School Bus Code of Conduct

Participation in the Bluenose Academy Walking School Bus program brings a variety of youth, parents, and school staff together. The success of the program depends on everyone taking responsibility for their own behaviour, communication and cooperation. All those involved are asked to operate with mutual respect and integrity. Act towards others as you would have them act towards you.

Parents and kids please read and talk about these “rules of the road” together.

BUS ‘RIDERS’	PARENTS/GUARDIANS
<ul style="list-style-type: none"> <li>▪ Listen to the Walking School Bus leaders and work with them for the good of the “team”</li> <li>▪ Be on time</li> <li>▪ Obey all traffic rules and signs - all the time, every time</li> <li>▪ Cross the street with your WSB leader and group</li> <li>▪ Stay with the group - no lagging behind or running ahead</li> <li>▪ No pushing or fooling around while walking or waiting</li> <li>▪ Respect neighbourhood property</li> <li>▪ Zero tolerance of profanity, temper tantrums, or violent behavior</li> <li>▪ Speak respectfully and openly. Clearly state your needs if they are not being met</li> <li>▪ Look out for each other, play fair, communicate kindly and have fun!</li> </ul>	<ul style="list-style-type: none"> <li>▪ Help us by setting an positive example for your child</li> <li>▪ Follow the procedures (e.g. pick up place/time) agreed to by your Walking School Bus group</li> <li>▪ Communicate ideas, questions or problems to ensure positive outcomes for everyone</li> <li>▪ Always wait with your child until the Walking School Bus Leader has taken responsibility for your child. Do not leave your child unattended while waiting for the Walking School Bus</li> <li>▪ Make certain your child(ren) dress appropriately for the weather conditions expected according to the weather report</li> <li>▪ WSBs are on a fixed schedule. If your child is late, the WSB will not wait for him/her. Ensure your child(ren) arrive at the meeting spot at agreed meeting time</li> <li>▪ Review the code of conduct with your child(ren); make sure they understand and comply with the behavior expectations outlined</li> <li>▪ Join in and have fun with your kids!</li> </ul>

Failure to comply with the Code of Conduct for children and parents/guardians may result in your child(ren) being asked not to participate in the program. Bluenose Academy reserves the right to request any participant to withdraw from the program if the participant is not behaving in an appropriate and reasonable manner and to cancel the program.

**Thank you for helping make the Walking School Bus a great experience for everyone!  
Please keep this sheet for your records.**



# Bluenose Academy Walking School Bus Enrollment Form

*Please sign and give to Bluenose Academy*

## **AUTHORIZATION TO PARTICIPATE**

I give permission for my child /ward to participate on the Bluenose Academy Walking School Bus. I hereby acknowledge that I am voluntarily allowing my child/ward to participate and agree to assume any related risks.

## **WAIVER OF LIABILITY**

The participant(s) and the parent/guardian(s) understand, appreciate and accept the inherent physical risks of walking to school. As a condition of participation, the participant(s) and parent/guardian(s) agree to be solely responsible for any personal property loss or damage, and/or any personal injury sustained by the participant(s) unless such loss damage or injury was caused by sole negligence of the Walking School Bus Leader.

I am fully and completely aware of the potential consequences of signing this document. I understand and agree to all of the above.

Participant Name(s):

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Address child(ren) will walk from: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## Bluenose Academy Walking School Bus Medical Form (1/2)

*Please fill in both pages and give to Bluenose Academy*

	Child 1	Child 2	Child 3
<b>Name</b>			
<b>Health Card Number</b>			
<b>Does your child(ren) have any allergies? If so, please write what they are (penicillin, insect stings, peanut butter etc.) and what happens.</b>	Allergy:	Allergy:	Allergy:
	Reaction:	Reaction:	Reaction:
	Allergy Medications:	Allergy Medications:	Allergy Medications:
	Medication with child? Circle: YES NO	Medication with child? Circle : YES NO	Medication with child? Circle: YES NO
<b>Does your child(ren) have any medical or health conditions or any chronic or recurring illness or illnesses, which would have an effect on their participation in the Walking School Bus?</b>	Circle: YES NO	Circle: YES NO	Circle: YES NO
	Please describe:	Please describe:	Please describe:
	How is it managed?	How is it managed?	How is it managed?
<b>Please list any medications which may need to be taken or that should be known in the event of an emergency.</b>	Medications:	Medications:	Medications:
<b>Other comments or items we should be aware of:</b>			



# Bluenose Academy Walking School Bus Medical Form (2/2)

**Names of Parent(s) or Guardian(s):**

\_\_\_\_\_

**Phone Numbers:**

**(Home):** \_\_\_\_\_

**(Work):** \_\_\_\_\_

**(Cell):** \_\_\_\_\_

**If a parent or guardian is not available in an emergency, notify:** \_\_\_\_\_

**(Home):** \_\_\_\_\_ **(Work):** \_\_\_\_\_ **(Cell):** \_\_\_\_\_

## **MEDICAL TREATMENT AUTHORIZATION:**

I understand that in the event my child requires medical or dental treatment while engaged in activities with the Walking School Bus Program, reasonable efforts will be made to contact a parent or guardian. However, if a parent or guardian cannot be reached, I hereby consent and give permission to the Walking School Bus Leader or Bluenose Academy staff person acting as agent for me, to consent to any x-ray examination, injections, anesthesia, medical, dental or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the province where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my children's medical allergies, medications being taken, medical problems and other pertinent information. If there are any changes, I will notify the Walking School Bus volunteers.

This WAIVER OF LIABILITY AND RELEASE AND MEDICAL INFORMATION FORM is effective throughout the time for which my child(ren) is/are registered and may not be revoked, altered, amended or avoided at any time.

**Participant Name(s):**

**Child 1:** \_\_\_\_\_

**Child 2:** \_\_\_\_\_

**Child 3:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_