



## NLCHC Afterschool Program Walking Bus

### Purpose

The Afterschool Program Walking Bus has been created to help ensure all children have the opportunity to participate in the Afterschool Program by being able to get from school to the program safely. Two NLCHC staff will lead the Walking Bus each day the program is offered.

### Risk Reduction

The Afterschool Walking Bus is designed to reduce the potential risks involved in children walking unsupervised through high-traffic areas. The Afterschool Program participants will have safety in numbers and supervision during the walk by NLCHC Staff. Parents/Guardians are required to pick up their children up at the program site by 6:00 p.m.

### Voluntary Consent

I certify that I have read this consent form, or it has been read to me; have been given the opportunity to ask questions; and that I understand the potential risks. By signing this form, I agree to allow my child to participate in the Afterschool Program Walking Bus. I also understand and agree that although supervision is provided for the purpose of having my child walk safely from the school to the Afterschool Program, the behavior of my child to follow supervision is the sole responsibility of me and my child.

I have explained to my child the need for responsible behaviour and accept that should my child not follow the instructions of the leaders of the Walking Bus, he/she will not be allowed to be part of the After School Program Walking Bus.

### Emergency Contact

I understand that should my son/daughter become ill or is injured during the Walking Bus trip to the After School program, someone will attempt to contact me or an emergency contact at the numbers listed below.

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

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. In exchange for my child being permitted to participate in the NLCHC Afterschool Program Walking Bus for my child, myself, my child's heirs, guardians and legal representatives I release, hold harmless and agree not to make any claims of any kind against the Afterschool Program and the North Lambton Community Health Centre, or officials, staff, volunteers, employees, representatives, officers and directors for any injury (including death) to my child arising out of my child's participation in these or related activities.

Child(ren)'s Name(s) \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_