



Callison Walking School Bus Parent Permission Form 2018-2019



My son/daughter, _____ (please print), has my permission to participate in the Walking School Bus program for the 2018/2019 school year.

I understand my child will leave from and return to one of the following locations at the following times: (please check)

- Vanden Rd./Harvest Dr.** M/T/Th/F –8 am and 3 pm**;
Wed. – 8 am and 1:30 pm**
- Nelson Park** M/T/Th/F -8 am and 3:10 pm**;
Wed. – 8 am and 1:40 pm**

****Children not picked up at the WSB stop by 3 or 3:10 pm (M/T/Th/F) or by 1:30 or 1:40 pm (Wed.) will be walked back to school and a parent will be called.**

____ My child has my permission to walk home from the WSB stop **without an adult**
(Please initial)

*Person responsible for picking up child at afternoon WSB stop (if not parent): _____

Child's teacher: _____ Grade: _____

Home Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

- I understand that in the case of a missed "bus time" I am responsible for my child's transportation to/from school.
- I understand that participation is completely voluntary and that participation is at "my own risk". I understand that measures will be taken to provide for my child's safety; however, I will not hold the members of *Callison Elementary*, the district, its board members, its employees, Solano Transportation Authority employees, Solano Public Health employees and any volunteer for this program liable should any incident occur.
- I understand that if my son/daughter becomes ill or is injured during their participation, someone will attempt to contact me or an emergency contact at the numbers below:

Signed: _____ Date: _____

Name (please print) (Phone Number) _____

Emergency contact name (please print) (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. I further agree to indemnify and hold harmless Callison School, the school district, its board members, its employees, employees of the Solano Transportation Authority and Solano Public Health, and any volunteer for this program for any injury that occurs to my child which is not a result of inaction by the district or its representatives.

I give permission for my child to be photographed as part of the Solano Safe Routes to School program.

Signed: _____ Print name: _____
(parent/guardian) (parent/guardian)

I **DO NOT** give permission for my child to be photographed.

My child will be participating in the Walking School Bus on the following days and times:

(Please mark with an x)	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions? Contact Betsy Beavers, Safe Routes to School Program Coordinator, at 707-399-3222 bbeavers@sta.ca.gov or Anne Silva, Assistant Principal at 707-453-6250

www.SolanoSR2S.ca.gov