

Annual Walking Trip Permission Form for **[insert School year]**

Student's Name: _____

Grade/Class: _____

Parent/Guardian Name: _____

Relationship to Student: _____

Contact Number: _____

Email Address: _____

Dear Parent or Guardian,

As part of our commitment to providing a well-rounded educational experience, we often incorporate walking trips into our curricular and extracurricular activities. These trips contribute significantly to our educational programs and community engagements. The destinations may include local landmarks, parks, museums, libraries, and various other sites within walking distance of our school.

Purpose of Walking Trips:

- To enhance learning through real-world experiences.
- To participate in community-related activities.
- To engage in physical activity.

Safety Measures:

- Students will be accompanied by school staff at all times.
- Appropriate student-to-staff ratios will be maintained.
- Prior to initial use of a route, teachers should do a safety check “walk through” to identify potential hazards. Appropriate outdoor running and walking surfaces include sidewalks, grass, trails and pavement.
- When choosing a route consider the following:
 - Walk or run on the left of a roadway facing traffic.
 - Precautions should be taken to avoid busy intersections as part of the route.
 - Avoid sidewalks with broken concrete or high curbs.
 - Avoid construction sites and congested streets.
- Students should not use mobile phones or audio devices with earphones.
- Students should be informed of the route boundaries for the activity.
- Teachers should encourage the use of the buddy system. Establishing a rule that students are responsible for the student behind them will keep the group together.
- Do not walk in the street if traffic is present.
- Instruct students that if they are bothered by a dog, stop and tell them “No!” in a stern voice. Do not run.

Scope of Consent:

By signing this form, you provide permission for your child to participate in school-organized walking trips throughout the [2024-2025] school year without the need for additional permission forms for each trip.

Please indicate your consent by signing and dating below:

****Consent for Participation:****

[] Yes, I consent to my child participating in walking trips for the school year [2024-2025].

[] No, I do not consent to my child participating in walking trips for the school year [2024-2025].

Parent/Guardian Signature: _____

Date: _____

Medical or Special Instructions:

If your child has medical conditions or requires special instructions that the staff should be aware of during the trips, please describe them below:

Acknowledgment of Risks:

While the school takes careful measures to ensure the safety and well-being of all students during walking trips, it is important to recognize that there are inherent risks involved in any outdoor or public activity. By signing this form, you acknowledge these risks and give your consent for your child to participate under the terms outlined above.

Thank you for your cooperation and support.

Sincerely,

[School/Principal's Name]
[School Contact Information]
[School Logo (optional)]

Please return this completed form to your child's homeroom teacher or the school office by [due date]. If you have any questions or concerns about this form or the walking trips, please contact us at [school contact information].