

Appendix F

Making Tracks: Walking Safety Information Letter and Informed Consent Form

To be passed out to PARENTS/CAREGIVERS (the MTL must add information to this form before it is handed out)

(Insert date – month, day, year)

Dear Parents/Caregivers,

Thank you for your interest in the Making Tracks program. Making Tracks: Walking Safety will take place at (insert name of school/community centre here). Making Tracks is a program designed to educate and train children and youth in the skills needed to safely use active transportation in the community and to promote the importance of being physically active, particularly going to and from (insert school or community club).

The Making Tracks: Walking Safety program will run (insert daily or weekly) and will run from (insert start and end time). Each session will be supervised by an adult leader called a Making Tracks Leader (MTL). The MTL will oversee the entire program and may have the support in delivering the program by other leaders called Crew Leaders (CLs). CLs are other adults or youth who would be working with your child in a small group setting. Please ensure that you have an emergency contact name and number included with your Informed Consent Form and that you pass in the Medical Information Form and participant and parent/guardian questionnaires no later than three days before the start of the program. Follow up questionnaires will be distributed at the end of the program, which helps us assess child and family learning. [Optional: An incentive will be offered for families to return the follow up surveys]. Also, please ensure your child has the necessary materials (insert what specific materials the participant must bring from home), is dressed appropriately, has a snack, and if needed her/his personal medication at every session.

If you have any questions regarding the Making Tracks program, please contact (insert contact name and number). We thank you again for your interest in the Making Tracks: Walking Safety program, and look forward to sharing in active-learning sessions that will guide your child into becoming a healthy and safe walker.

[Optional: You are invited to attend a ceremony and family walk at the completion of the Making Tracks: Walking Safety program. The ceremony and walk is tentatively scheduled for (date, time, location) OR More information will be distributed later as to the date and time of the ceremony and walk.]

Yours in active transportation,

(MTL's name; the school or community group name)

Appendix F

Making Tracks: Walking Safety Informed Consent Form

To be completed by PARENTS/CAREGIVERS

I, _____, grant permission for my child,

_____ to participate in the Making Tracks: Walking Safety program described in the Information Letter for parents/caregivers.

Date: _____

Signature of Parent/Caregiver: _____

Home Contact Information: _____

Cell Phone Number: _____

Name and Contact Information of the Parent/Caregiver Collecting the Participant:

For your information, PLEASE SAVE

Making Tracks: Walking Safety Location: _____ Drop-off Time: _____ Pick-up Time: _____	You may contact (insert program coordinator name) at (insert phone number) if you have any questions regarding the Making Tracks: Walking Safety program. *The following are the Crew Leaders for Making Tracks: Walking Safety:
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- 1.
- 2.
- 3.
- 4.

These support leaders are trained in the Making Tracks: Walking Safety program and will be supervised by the Making Tracks Leaders (MTL). The safety and the well being of the participants is our top priority. The expectation is that participants in the program will abide by the behaviour expectations and safety guidelines laid out by the leaders. If participants are unable to comply, they will be removed from the Making Tracks: Walking Safety program and parents/caregivers will need to collect their child.

Appendix G

Making Tracks: Walking Safety Medical Information Form

To be completed by PARENTS/CAREGIVERS

NAME:	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>
HEALTH CARD #:	TELEPHONE:
HOME ADDRESS:	BIRTHDATE:
IN CASE OF EMERGENCY NOTIFY:	FAMILY DOCTOR (name and phone number):
ADDRESS:	MEDICAL CONCERNS (e.g. allergies, seizures, chronic conditions; please be specific):
TELEPHONE:	

Participants who take medication must bring it with them to each session and allow the Making Tracks Leader or Crew Leader to store it for them.

MEDICATIONS	DOSAGE	FREQUENCY

Has the participant had any recent injuries or illnesses? If yes, please explain:

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PARENT/CAREGIVER SIGNATURE:
