



FOOTSTEPS

Parent Consent Form *(to be retained by the school)*

Please use block capitals

Child's Name

Date of Birth

I give permission for my child to take part in Footsteps which takes place during the school day using roads and pavements near the school. I understand that my child will be required to hold hands with a trained tutor throughout.

I agree to declare any physical or medical condition which may affect my child's participation in the scheme and will notify the tutor of any medication which my child is taking.

I will inform the tutor of any significant change.

Signed:

Mr/Mrs/Miss/Ms:

Address:

Telephone:

Developed by the
School Travel Planning Team
Date. January 2010

