



First Steps

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 First Steps which takes place during the school day using roads and pavements near the school.

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: