

Please return to the school office.

## CONSENT THAT MY CHILD MAY WALK/CYCLE TO AND FROM SCHOOL/HOME ALONE

I confirm that \_\_\_\_\_ who is in Year \_\_\_\_\_ at Scotforth St Paul's C of E Primary & Nursery School may walk/cycle\* to school/home\* from school alone. (\*Delete as appropriate)

I confirm that I have read and understood the school's walking/cycling home alone guidance for parents (to be found on the school's website).

In the event of an emergency please contact:

\_\_\_\_\_ (PARENT/CARER)

Contact Number(s): \_\_\_\_\_

Or \_\_\_\_\_ (Name/Relationship to child) on \_\_\_\_\_

I will notify the school immediately of any changes to the emergency contact details. I understand the school may revoke this consent if child safety is compromised (for example by there not being a responsible adult at home to look after the child/ren upon their return.).

Signature.....

Name:

Dated: