**MONTH OF MADNESS**

**AUGUST 2017**

**Permission for walking home alone**

Should you, as parents, feel your child is mature enough to cope with this responsibility, would you please complete and return the slip below, giving permission for your child to do so.

No child will be allowed to walk home without prior consent from a parent or guardian.

**PLEASE COMPLETE**

I give permission for my child to walk home (or to another specified destination) on their own after participating in a Month of Madness activity.

I have explained to my child the safety aspects of walking home on their own.

I understand that it is the responsibility of parents, and not the Parish Council, once my child has left the Month of Madness activity.

Child’s Name: …………………………………………………………

 Please Print

MOM Activity: …………………………………………………………

Parent’s or Guardian’s Name: ………………………………………….

Signed: ………………………… Date: …………………….

Specified location if other than home:

………………………………………………………………………………….

………………………………………………………………………………….