## CIRENCESTER KINGSHILL SCHOOL

## **CONSENT FORM FOR SCHOOL VISITS**

Name of Pupil		Tutor Group
>	I hereby give my consent for my son/dau Causeway, Bristol on Thursday 15 <sup>th</sup> De	ghter to attend the visit to The Mall at Cribbs ecember 2022.
>	I understand that it is my responsibility to e Kingshill School at the estimated arrival time	ensure my son/daughter arrives home safely from e of 9.00pm.
	I,, can be	contacted on the following telephone numbers:
	<b>=</b>	(please include dialling code)
	<b>=</b>	(please include dialling code)
		(mobile)
	e advise any medical details / special needs na, current medication, allergies etc)	/ disabilities that are relevant to the event (e.g.
>	I confirm that my son/daughter <i>is not</i> pre	sently taking any medication
>	I confirm that my son/daughter <i>is</i> present	ly taking medication
Please	e give details where appropriate:	
<b></b>	I give permission for first aid to be adminis	tered if the need should arise.
>	I will inform the school if any details chang	e between now and the date of the trip/visit.
Signe	d(Person with parental responsibility)	Date
	(1 crosti tital parchal responsibility)	•

Please complete and return to the Finance Office by Friday 2<sup>nd</sup> December 2022. This is a legal requirement. Your child will be unable to attend the trip without this form.