

# CIRENCESTER KINGSHILL SCHOOL

## CONSENT FORM FOR SCHOOL VISITS

Name of Pupil \_\_\_\_\_ Tutor Group \_\_\_\_\_

- I hereby give my consent for my child to attend the visit to the **Leisure Centre during their PE lessons from January 2024 to March 2024.**

I, \_\_\_\_\_, can be contacted on the following telephone numbers:



\_\_\_\_\_ (please include dialling code)



\_\_\_\_\_ (please include dialling code)



\_\_\_\_\_ (mobile)

Please advise any medical details / special needs / disabilities that are relevant to the event (e.g. asthma, current medication, allergies etc)

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- I confirm that my son/daughter ***is not*** presently taking any medication
- I confirm that my son/daughter ***is*** presently taking medication

Please give details where appropriate:

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- I give permission for first aid to be administered if the need should arise.
- I will inform the school if any details change between now and the date of the trip/visit.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Person with parental responsibility)

**Please complete and return to the Finance Office by 9.00am on Wednesday 20<sup>th</sup> December 2023.**

**This is a legal requirement. Your child will be unable to attend the trip without this form.**