




CIRENCESTER KINGSHILL SCHOOL


CONSENT FORM FOR SCHOOL VISITS


Name of Pupil _____ Tutor Group _____

- I hereby give my consent for my son/daughter to attend the trip to Rendcombe College on Thursday 7th December 2023.

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)

- 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:

- 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 3.00pm on Wednesday 6th December 2023.
This is a legal requirement. Your child will be unable to attend the trip without this form.**