




# 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 **Far Peak Climbing Centre, Northleach, between 28<sup>th</sup> February and 21<sup>st</sup> 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 Tuesday 20<sup>th</sup> February 2024**  
**This is a legal requirement. Your child will be unable to attend the trip without this form.**