



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 visit to **Cirencester Bingham Library on Monday 18th 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)

- 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 the end of the school day Monday 4th March 2024.

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