

## CIRENCESTER KINGSHILL SCHOOL

## **CONSENT FORM FOR SCHOOL VISITS**

Name of Pupil	Tutor Group
I hereby give my consent for my son/daughter Gloucestershire University <b>on Friday 17</b> <sup>th</sup> <b>Nove</b>	
I,, can be conta	acted on the following telephone numbers:
	(please include dialling code)
	(please include dialling code)
	(mobile)
Please advise any medical details / special needs / disaasthma, current medication, allergies etc)	abilities that are relevant to the event (e.g.
I confirm that my son/daughter is not presently	y taking any medication
I confirm that my son/daughter is presently tak	ing 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 bety	ween now and the date of the trip/visit.
Signed(Person with parental responsibility)	Date

Please complete and return to the Finance Office by 3.10pm on Friday 10<sup>th</sup> November 2023. This is a legal requirement. Your child will be unable to attend the trip without this form.