



# 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 Westonbirt Arboretum on Monday 16<sup>th</sup> October 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)

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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 3.10pm on Friday 6<sup>th</sup> October 2023. This is a legal requirement. Your child will be unable to attend the trip without this form.**