



Kingsdale Foundation School

Department of Sport, Health & Recreation

Parental Authorisation for Student Participation at Extra-Curricular Sports Session

Parental Consent Proforma

Please complete as appropriate and return to Ms V Turner, Director of Sport, Health & Recreation, (pe@kingsdale.southwark.sch.uk) by Friday 21st September 2018 or before your child's first session.

I wish to confirm that my daughter/son wishes to attend the following sports clubs/sessions:

Day	Activity	Time	Venue	Staff

I give permission for my daughter/son to attend the above training sessions:

I would like my daughter/son to make her/his own way home after training from Kingsdale Foundation School :

I will pick my daughter/son up from Kingsdale Foundation School:

I am happy for my daughter/son to make her/his own way home from the activity venue:

Students Name:..... (Please print)

Students Tutor Group:.....

Medication requirements /
Medical conditions:.....

Parent/carers name (1st contact) (Please print)

Emergency contact number (1)

Parent/carers name (2nd contact) (Please print)

Emergency contact number (2)