

**Larbert High School**

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**Falkirk Council**

*Children's Services*

*Rector: Jon Reid*

**PARENTAL CONSENT FORM**

ACTIVITY/EXCURSION: Lendrick Muir Induction Day

DATE(S): 28.08.17

TIME OF DEPARTURE: 08:45

ESTIMATED TIME OF RETURN: 16:00

I am organising the above activity/excursion. At all times the pupils will be under the supervision of myself and another member of staff.

Whilst engaging in an educational activity/excursion your child will be covered by Falkirk Council's Education Excursions Insurance Policy, details of which are available from the Rector.

Please refer to the school handbook for further information regarding extra-curricular activities or out-of-school excursions.

Signed: J. Hill

Dated: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

In order for your child to take part, please complete and return the attached tear-off section.

If your child is to take part it is on the clear understanding that it is the responsibility of the pupil, supported by the parent/guardian, to catch up on any class work missed.

**LARBERT HIGH SCHOOL**

ACTIVITY/EXCURSION: \_\_\_\_\_

I agree to my child: \_\_\_\_\_ Class: \_\_\_\_\_  
taking part in the above activity.

I understand he/she will be under the supervision of a member of staff at all times.

He/she does/does not have any medical condition of which the organiser should be made aware.

I undertake to ensure that \_\_\_\_\_ will take the necessary steps to catch up on any work missed as a result of this activity/excursion.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Relationship: \_\_\_\_\_

\* Please list any appropriate medical conditions on the back of this tear-off slip.



*Director: Robert Naylor*

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