

## **ALCOHOL CONSENT FORM**

I have read Lancing College's policy on drinking alcohol, and I consent to my son / daughter / ward being offered alcohol in accordance with the terms of this policy

| Pupil's Name:                  |               |
|--------------------------------|---------------|
| House:                         | Select House  |
| Year Group:                    | Select Year ( |
| Parent / Guardian's Signature: |               |
| Parent / Guardian's Name:      |               |
| Date:                          |               |