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## The Nicholas Hamond Academy – Parental Consent Form

Return to: **Mrs Smith** Telephone: **01760 721480**

The Visit Leader will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: **Year 11 Geography Fieldwork** Place of visit: Overstrand

Method of travel: **Coach**

### To be completed by the Parent / Carer:

I am willing for my child: ..... Tutor: .....

- To take part in the above visit / journey and, having read the information provided, I agree to his / her taking part in the activities described.
- I understand that the staff responsible for the activities will take all reasonable care of participants.
- I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Emergency Contact Details: Name of parent(s) / carers(s):

(i): ..... Telephone: .....

(ii): ..... Telephone: .....

Signature of Parent / Carer: ..... Date: .....

### Medical Information:

Please tell us about any allergies, e.g medicines, food, bee stings etc

.....

Are you currently taking any medication, if so please give details below

.....

Please provide any other information conditions which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g travel sickness

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**PLEASE RETURN TO MRS SMITH**

Determined to be...

'the best that we can be'

