



TNH-office@attrust.org.uk



01760 721480



tnha.attrust.org.uk



Brandon Road, Swaffham, PE37 7DZ



The Nicholas Hamond Academy – Parental Consent Form

I give consent for my child (print name) to attend:-

Drama Club (up until February Half Term) 3.15pm to 4.30pm

Yes / No (delete as appropriate)

School Play Rehearsals (after February Half term) 3.15pm to 5.30pm

Yes / No (delete as appropriate)

Signed (parent/carers)

Print name

Contact no.....

Date

Medical Information (please include any medical information relevant to this activity)

.....

.....

PLEASE ALSO COMPLETE THE REVERSE OF THIS FORM

PLEASE COMPLETE AS APPROPRIATE

Photograph Consent – Parent/Carer

I am happy for my child to be photographed during drama club and performances and give consent for these images to be used with the academy and in the academy newsletter.

YES/NO (please delete as appropriate)

I am happy for these images to appear on the academy's social media accounts

YES/NO (please delete as appropriate)

Signed Parent/Carer

Date

Photograph Consent – Student

I am happy to be photographed during drama club and performances and give consent for these images to be used with the academy and in the academy newsletter

YES/NO (please delete as appropriate)

I am happy for these images to appear on the academy's social media accounts

YES/NO (please delete as appropriate)

Signed student

Date