



TNH-office@attrust.org.uk



01760 721480



tnha.attrust.org.uk



Brandon Road, Swaffham, PE37 7DZ



Parental Consent Form - Future Stars Trip to UEA (Monday 25th March 2024)

Return to: **Mr. Bristow, Mrs Seaman, Mrs Warnes**

Telephone: **01760 721480**

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

Group: **Year 7**

Place of visit: **University of East Anglia, Norwich**

Method of travel: **coach** - seat belts fitted as standard

To be completed by the Parent / Carer:

I am willing for my child: (Name)(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.

My child is eligible for Free School Meals/Pupil Premium YES / NO

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

.....

Is the student 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

.....

.....

My child will walk/be brought to the academy site by 8.30am ready to depart

Arrangements will be made for him/her to collected from the academy site at 3.30pm or

He/she has permission to walk home at 3.30pm

Please tick as appropriate

PLEASE COMPLETE THE REVERSE OF THIS FORM & RETURN BY 28th FEBRUARY

PLEASE COMPLETE AS APPROPRIATE

Photograph Consent – Parent/Carer

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

YES/NO (please delete as appropriate)

I am happy for these images to appear on the UEA/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 the trip and give consent for these images to be used in the academy newsletter.

YES/NO (please delete as appropriate)

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

YES/NO (please delete as appropriate)

Signed student

Date