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Brandon Road, Swaffham, PE37 7DZ



Parental Consent Form – University of East Anglia - 21st May 2024

Return to: **Mrs Warnes/Mr. Griffiths** 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: **mixed** Place of visit: **University of East Anglia, Norwich** Method of travel: **coach** - seat belts fitted

To be completed by the Parent / Carer:

I am willing for my child: (Name) (Tutor Group)

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

I will make arrangements for my child to be the academy at 8.15am.

They will be collected / I give them permission to walk home at 3.30pm on their return. (Please delete as appropriate)

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

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Is the student currently taking any medication, if so please give details below

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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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*Consent is **given** / **not given** to appear in photographs taken by the academy for use in their Newsletter & by the UEA for social media (please delete as appropriate). Signatures of parent/carers and student are required.*

(Parent/Carer Signature Student Signature)