



TNH-office@attrust.org.uk



01760 721480



tnha.attrust.org.uk



Brandon Road, Swaffham, PE37 7DZ



The Nicholas Hamond Academy – Parental Consent Form Drama Club 2025

Return to: **Mr Hatfield**

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.

To be completed by the Parent / Carer:

I am willing for my child: Tutor Group:

To take part in drama club and school play rehearsals and, having read the information provided, I agree to him / her taking part in the activities described.

I understand that my child will be expected to make all reasonable efforts to attend all scheduled rehearsals. Failure to do so may result in them losing their place in the play.

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, medial 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

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Are you 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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