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**The Nicholas Hamond Academy – Parental Consent Form**  
**Visits to Local Primary Schools – National Storytelling Week**  
**(Week Commencing 4<sup>th</sup> February 2025)**

Return to: **English Department**

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: **Swaffham Primary Academy/Heartwood Primary School**

Method of travel: **walking**

**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.

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

.....

.....

**PLEASE ALSO COMPLETE DETAILS ON THE REVERSE OF THIS CONSENT FORM**

**PLEASE COMPLETE AS APPROPRIATE**

**Photograph Consent – Parent/Carer**

I am happy for my child to be photographed on the trip/activity 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 academy's social media accounts

**YES/NO** (please delete as appropriate)

Signed Parent/Carer .....

Date .....

**Photograph Consent – Student**

I am happy to be photographed on the trip/activity 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 academy's social media accounts

**YES/NO** (please delete as appropriate)

Signed student .....

Date .....