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Brandon Road, Swaffham, PE37 7DZ



## The Nicholas Hamond Academy – Parental Consent Form

### Practice Silver Duke of Edinburgh - 5<sup>th</sup> to 7<sup>th</sup> June 2025

Return to: **Mrs Wells**

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.

Group: **Mixed**

Place of visit: **Everitt's Farm**

Method of Travel: **via parent/carer**

#### To be completed by the Parent / Carer:

I am willing for my child: ..... 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.

I am aware that I will need to make my own arrangements to get my child to the designated starting point and to collect them after completion of the expedition

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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