

The Nicholas Hamond Academy – Parental Consent Form
Westacre Theatre – 23rd & 24th June 2025

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| <p>Return to: Mr. Hatfield</p> <p>The Visit Leader will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.</p> <p>Group: Mixed</p> <p>Method of travel: coach (seat belts fitted as standard)</p> | <p>Telephone: 01760 721480</p> <p>Place of visit: Westacre Theatre</p> |
| <p>To be completed by the Parent / Carer:</p> <p>I am willing for my child: Tutor Group:</p> <p>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.</p> <p>My child is entitled to a FSM and requires a packed lunch to be provided YES / NO</p> <p>Emergency Contact Details: Name of parent(s) / carers(s):</p> <p>(i): Telephone:</p> <p>(ii): Telephone:</p> <p>Signature of Parent / Carer: Date:</p> | |
| <p>Medical Information:</p> <p>Please tell us about any allergies, e.g medicines, food, bee stings etc</p> <p>.....</p> <p>Are you currently taking any medication, if so please give details below</p> <p>.....</p> <p>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</p> <p>.....</p> | |

Please return to Mr. Hatfield