









tnha.attrust.org.uk



Brandon Road, Swaffham, PE37 7DZ



The Visit Leader will only divulge information on this form to other staff as necessary to ensure the welfare
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: Theatre Royal, Norwich
Method of travel: coach (seat belts fitted as standard)
To be completed by the Parent / Carer:
I am willing for my child: Tutor Group: 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 entitled to a FSM / Pupil Premium YES / NO
Emergency Contact Details: Name of parent(s) / carers(s):
(i): Telephone:
(ii): Telephone:
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Signature of Parent / Carer:
Signature of Parent / Carer: Date:
Medical Information:
Medical Information: Please tell us about any allergies, e.g medicines, food, bee stings etc

War Horse – 29th October 2025