

The Nicholas Hamond Academy – Parental Consent Form - JET Blue Skies Programme

Return to: **Mrs Warnes or Mrs Garton** Telephone: **01760 721480**
 The Activity 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:** various as advised **Method of travel:** academy minibus

To be completed by the Parent / Carer:

I am willing for my child: Tutor Group:

To take part in the above visits/journeys and having read the information provided, I agree to his/her taking part in the activities described. I understand that the staff responsible 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 Free School Meals and will require one to take on any trips YES / NO

I understand that the staff responsible for the activities will take all reasonable care of participants.

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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Is your child 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 Activity Leader should be aware of.

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I am able attend the JET Introductory Meeting on Thursday 25th September 2025 at 5.30pm in Room 1 at the academy. YES / NO

Please return this Consent Form by 22nd September 2025.