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Brandon Road, Swaffham, PE37 7DZ



## The Nicholas Hamond Academy – Parental Consent Form Swaffham Town Project – Year 7 - 3<sup>rd</sup>, 11 & 24<sup>th</sup> February 2026

Return to: **Mr. Bristow/Mrs Warnes**

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: **Year 7** Place: **Swaffham Town & Academy Based**

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 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 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 happy for my child's photograph to be taken during this project for use in the academy newsletter/social media*  
YES / NO

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 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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