



TNH-office@attrust.org.uk



01760 721480



tnha.attrust.org.uk



Brandon Road, Swaffham, PE37 7DZ



## The Nicholas Hamond Academy – Parental Consent Form Discover Y10 Pathways – Trip to the University of East Anglia – 22<sup>nd</sup> April 2026

Return to: **Mrs Warnes/ Ms. Taylor**

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 Year 10**

Place of visit: University of East Anglia, Norwich

Method of travel: **coach**

### 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.

*My child is entitled to Free School Meals/Pupil Premium and requires lunch for this trip* 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

.....

Please provide any other information conditions which you feel might be useful in an emergency, or that the Activity Leader should be aware of

.....

My child will walk/be brought to the academy site by 8am ready to depart

Arrangements will be made for him/her to be collected from the academy site at 3.30pm

My child has permission to walk home at 3.30pm

*please tick  
as  
appropriate*

**PLEASE COMPLETE THE REVERSE OF THIS FORM AND RETURN BY 2<sup>nd</sup> MARCH 2026**

**PLEASE COMPLETE AS APPROPRIATE**

**Photograph Consent – Parent/Carer**

I am happy for my child to be photographed during the trip and give consent for these images to be used in the academy newsletter/social media accounts

YES / NO (please delete as appropriate)

I am happy for these images to appear on the UEA/academy's social media accounts

YES / NO (please delete as appropriate)

Signed Parent/Carer .....

Date .....

**Photograph Consent – Student**

I am happy to be photographed during the trip and give consent for these images to be used in the academy newsletter/social media accounts

YES / NO (please delete as appropriate)

I am happy for these images to appear on the UEA/academy's social media accounts

YES / NO (please delete as appropriate)

Signed Parent/Carer .....

Date .....