Academy Transformation Trust
The Nicholas Hamond Academy
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01760 721480
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Brandon Road, Swaffham, PE37 7DZ

The Nicholas Hamond Academy – Parental Consent Form
Year 9 Skills Discovery – Trip to the University of East Anglia – 14th April 2026

Return to: **Mrs Warnes/ Mr. Janes** Telephone: **01760 721480**

The Activity Leader will only divulge information on this form to other sta ff as necessary, to ensure the welfare and safety of the participant.

Group: **Mixed Year 9** **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 the at 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 4.15-4.30pm ☐

My child has permission to walk home at 3.30pm ☐

please tick as appropriate

PLEASE COMPLETE THE REVERSE OF THIS FORM AND RETURN BY 2nd 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 ……..