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Brandon Road, Swaffham, PE37 7DZ



**The Nicholas Hamond Academy – Parental Consent Form
Practice Silver Duke of Edinburgh Expedition/Qualifying Expedition
25 – 27 June/9 - 11 July 2026**

Return to: **Ms Wells** 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: DofE Silver **Place of visit:** as per letter **Method of travel:** on foot

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 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
.....
.....

PLEASE COMPLETE THE REVERSE OF THIS FORM AND RETURN TO MS WELLS

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

YES / NO (please delete as appropriate)

I am happy for these images to appear on the 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

YES / NO (please delete as appropriate)

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

YES / NO (please delete as appropriate)

Signed Parent/Carer

Date