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Brandon Road, Swaffham, PE37 7DZ



The Nicholas Hamond Academy – Parental Consent Form

Year 10 Visit to the College of West Anglia, Kings Lynn Campus – Date 22nd June 2026

Return to: **Form Tutors**

Telephone: **01760 721480**

The Visit Leader will only share information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: **Year 10**

Places of visit: **College of West Anglia**

Method of travel: **coach** - seat belts fitted as standard

To be completed by the Parent / Carer:

I am willing for my child: (Name)(Tutor)

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 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.

My child is entitled to FSM and would like one provided on the day YES / NO

Should my child choose a sports subject I agree to them being transported to the Sports Campus by College of West Anglia Staff YES / NO

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 the student 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 Visit Leader should be aware of: e.g travel sickness

.....

.....

PLEASE ALSO COMPLETE DETAILS ON THE REVERSE OF THIS CONSENT FORM

Photograph Consent – Parent/Carer

I am happy for my child to be photographed on the trip/activity and give consent for these images to be used in the academy newsletter and within the academy

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 on the trip/activity and give consent for these images to be used in the academy newsletter and within the academy

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 student

Date