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The Nicholas Hamond Academy – Parental Consent Form 'Bringing Scientists to You' - Trip to Thetford Academy 23rd June 2026

Return to: **Mrs Brown** 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** Place of visit: **Thetford Academy** 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 a packed lunch from the academy 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

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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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