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Brandon Road, Swaffham, PE37 7DZ



The Nicholas Hamond Academy – Parental Consent Form 'Dracula' Theatre Trip – Tuesday 13th October 2026

Return to: **Mr Hatfield** 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: **Wolsey Theatre, Ipswich** 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. **Arrangements will be made to collect my child from the academy at 11.15pm on the day of the trip.** 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 eligible for FSM or PP Support 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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