Principal: Mark Woodhouse

Brandon Road Swaffham Norfolk PE37 7DZ T: 01760 72148

T: 01760 721480 F: 01760 721269

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The Nicholas Hamond Academy – Parental Consent Form HAUTBOIS ACTIVITY CENTRE, NORWICH – MON 8 JULY 2019

Return to: Ivir. King	Return to: Mr. King 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 7 students Place of	f visit: Hautbois Activity Centre, N	Norwich.	
Method of travel: coach - seat belts fitted as standa	rd		
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.			
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 RETURN THIS FORM TO MR. KING BY MONDAY 17 JUNE 2019

Once your child's place has been confirmed, payment of £25 will be required via Schoolmoney by Friday 21st June 2019.

Please do not pay any monies until requested to do so.