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**The Nicholas Hamond Academy – Parental Consent Form
Cambridge Nationals Water Sports Trip to Whitlingham Adventures
4th June 2019**

<p>Return to: Telephone: 01760 721480</p> <p><i>The Visit Leader will only share information on this form to other staff as necessary, to ensure the welfare and safety of the participant.</i></p> <p>Group: P.E. Students Place of visit: Whitlingham Adventures</p> <p>Method of travel: coach - seat belts fitted as standard</p>
<p>To be completed by the Parent / Carer:</p> <p>I am willing for my child: (Name)(Tutor)</p> <p>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.</p> <p>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.</p> <p>Emergency Contact Details: Name of parent(s) / carers(s):</p> <p>(i): Telephone:</p> <p>(ii): Telephone:</p> <p>Signature of Parent / Carer: Date:</p>
<p>Medical Information:</p> <p>Please tell us about any allergies, e.g medicines, food, bee stings etc</p> <p>.....</p> <p>Is the student currently taking any medication, if so please give details below</p> <p>.....</p> <p>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</p> <p>.....</p> <p>.....</p>

PLEASE RETURN TO P.E. DEPARTMENT