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The Nicholas Hamond Academy – Parental Consent Form End of Year 13 Trip to Thorpe Park – Mon 17th June 2019

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|--|------------------------------------|
| Return to: Miss Thomason | Telephone: 01760 721480 |
| <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> | |
| Group: Year 13 | Place of visit: Thorpe Park |
| 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. | |
| 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 | |
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PLEASE RETURN THIS CONSENT FORM TO MR. MORTON-SMITH AND MAKE PAYMENT OF £30 VIA SCHOOL MONEY BY WED 12 JUNE 2019

Determined to be...
'the best that we can be'