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**The Nicholas Hamond Academy – Parental Consent Form  
VI FORM LEAVERS’ MEAL – COSMO’S RESTAURANT, NORWICH,  
21 JUNE 2019**

Return to: 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: **VI Form** Place of visit: **Cosmo’s Restaurant, Norwich.**  
 Method of travel: **mini bus** - seat belts fitted as standard

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**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: .....

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**Medical Information:**

Please tell us about any allergies, e.g medicines, food, bee stings etc

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Is the student 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 Visit Leader should be aware of: e.g travel sickness

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PLEASE RETURN TO MR. SEGAR BY 25 MAY  
REMEMBER TO PAY DEPOSIT VIA SCHOOL MONEY TO CONFIRM PLACE