Norwich Road Academy

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Principal: Mrs Julia Miles, BA Hons (QTS) NPQH Deputy Principal: Emma Kato, BA Hons (QTS) NPQH

Please sign and date the form below for your child,



Consent form for local trips and visits

	, , , , , , , , , , , , , , , , , , ,
Name:	
Class:	
	o take part in school trips and other activities that take place off school premises; nd
b) T	o be given first aid or urgent medical treatment during any school trip or activity.
Please note the following important information before signing this form:	
al da • T • Y	he trips and activities covered by this consent include; Il visits within walking distance that take place during the hours of a normal school ay. The school will send you information about each trip or activity before it takes place. Ou can, if you wish, tell the school that you do not want your child to take part in ny particular school trip or activity.
Written parental consent will be requested for trips that involve a coach journey, residential trips, or those taking place outside of normal school hours.	
Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.	
Medical i	nformation
Details of any medical condition that my child suffers from and any medication my child should take during off-site visits:	
••••••	
Signed	
Date	