Forest School Consent Form

(One Per Child Please)



Childs Name:	Date of birth:
Address:	Parent/Guardian Telephone:
Address.	Home:
	Mobile:
	Work:
Email address:	
Emergency Contact (next of Kin)	Emergency Contact (Other)
Name:	Name:
Relationship:	Relationship:
Telephone number:	Telephone number:
GP and Medical Details	
GP Name: Tel Number:	
Address:	
Has the above named had any of the following? Please mark yes or no	
Asthma or bronchitis YES NO	
Sight or hearing disabilities YES NO	
Heart condition YES NO	
Fits, fainting or blackouts YES NO Severe headaches YES NO	
Diabetes YES NO	
Allergies to any known drugs YES NO	
Any of allergies e.g. food, material, dust, pollen, plasters YES NO	
Other illness or disability YES NO	
Travel sickness YES NO	
If the answer is YES to any of the above please give details including medication:	
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Tetanus vaccination in the last five years YES NO Does the above named have any fears or conditions which may affect their enjoyment of the woodland environment? (i.e. response to cold/heat, spiders, getting dirty etc)	
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Any other information including special dietary, cultural or other needs:	

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DECLARATION:

- As the parent/guardian I have read, fully understand and am satisfied with the details supplied regarding Forest School activities and agree for my child to take part in them
- I know of no medical reason why my child should not participate
- In the event of a minor accident and when I cannot be contacted, I agree for First Aid to be administered by a qualified First Aider
- I do / do not* agree to my child being taken to hospital, or to be seen by the nearest doctor available should an emergency arise
- I do / do not* give my consent for photographs of my child to be used for forest school displays including internet site
- I do / do not* give my consent for photographs of my child to be used as part of their evaluation
- I do / do not* give permission for observations of my child to be carried out by forest school staff and students on placement

*please delete as appropriate

Signed _

_____ (Parent/Guardian) Date _____