

Consent Form - Year 4

Activity: Forest School

Date: _____

Child's Name: _____

Age: _____ Date of Birth: _____

Medical Information about your child:

- a) Are there any medical conditions requiring medical treatment, including medication? Yes / No

If Yes please give details:

- b) Please outline any dietary requirements:

- c) Does your child have any known allergies? Yes / No

If Yes please give details:

- d) If your child has an inhaler for Asthma they should be carried at all times.

- e) As an important part of our evaluation we use video and photo evidence which we sometimes share on the website. Please state whether you are happy for us to do so: Yes / No

- f) Children will be given a hot chocolate drink/ice pole and a biscuit during Forest School. Please state whether you are happy for your child to have a hot chocolate drink and biscuit? Yes / No

Parental/Carer Declaration

I agree to my child participating in Forest School activities including tool use and camp fires. I understand the need for my child to behave in a responsible manner in order to take part in such activities.

PLEASE ENSURE YOUR CHILD COMES WITH APPROPRIATE CLOTHING AND FOOTWEAR. SEE CLOTHING SECTION.

I agree to my child having appropriate medical care in the event of an accident.

Signed _____ Date: _____

Print Name: _____ Contact number: _____