Consent Form

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

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: _____