



FOREST SCHOOL CONSENT & MEDICAL INFORMATION

Name of child Date of Birth.....

Dates at Forest School

Home Phone.....Mobile..... Home Post Code.....

AGREEMENT

I am aware that my child will be involved in woodland activities to which I give my consent. These will include den building, art and craft, use of fires, running and playing in the woods and campfire cooking. I understand that activities in a woodland setting due to their intrinsic nature present elements of risk but staff will ensure that these risks are kept to a minimum.

I give my consent to have photographs and video to be taken. **Yes / No**

I understand that some of these may be used for promotional purposes **Yes / No**

MEDICAL INFORMATION

1. I understand that should medical treatment be necessary, every effort will be made to obtain my consent. However, in an emergency I authorize the party leaders to consent on my behalf to any medical treatment, which a qualified doctor feels is necessary (this could include inoculations, blood transfusions, surgery or the use of anaesthetics).

Yes / No

2. I have written below full details of any special needs, recent illness or medical condition of which the party leader should be aware, including details of medication or special diet.

Yes / No

Signature of parent of guardian..... Date