

Wild Roots Forest School Registration and Medical Consent Form

Child's name: Age.....DOB.....

Parent/Guardian's name.....

Address:.....

.....Postcode.....

Email address:

Telephone: Home.....Mobile.....

Emergency contact/number: Home:.....Mobile.....

Relationship to child.....

Doctors Name and Contact Number: (if possible)

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Does your child suffer from any of the following:

Allergies (including medication, plasters, stings, food, pollen, etc.)	Yes/No
Asthma or breathing difficulties (inhalers etc.)	Yes/No
Diabetes	Yes/No
Epilepsy, fainting or blackouts	Yes/No
Heart Condition	Yes/No
Sensory loss (sight speech or hearing)	Yes/No
Travel Sickness (any medication needed)	Yes/No
Other (please specify)	Yes/No

Vaccination against Tetanus in last 10 years? Yes/No

Have you received any medical or surgical treatment in the last 3 months? Yes/No

If so, please give details.

Any other relevant information about your child? Please give full details:

We may from time to time take photographs for promotional purposes. Please indicate if you **do / do not** give consent for your child to be included.

Agreement

- I understand the ethos of Forest School and the range of activities on offer.
- I accept some activities contain hazards and managed risks are an intrinsic part of Forest School.
- I understand that sessions will take place outdoors in all weather.
- I confirm that my child/children will attend Forest School with appropriate clothing.
- I consent to my child/children receiving any necessary medical treatment for any injury or illness during the Wild Roots Forest School events.

Signed..... Date.....