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**Forest School Parental/Guardian Consent Form**

Please complete this form and return it to the class teacher.

PERSONAL DETAILS OF CHILD

School.....................................................................................................

Name......................................................................................................

Date of Birth..............................................

Parent/Guardian Name............................................................................................................................................

Address.......................................................................................................................................................................

...........................................................................................Postcode..........................................................................

Emergency contact number......................................................................

MEDICAL & OTHER IMPORTANT INFORMATION

Does your child suffer from any illness, disabilities or allergies that may affect him/her when taking part in group activities? Yes / No

As the children may be cooking on a campfire on at least one of the sessions, does your child have any allergies/dietary requirements we need to allow for? Yes / No

Does your child require the routine use of any medication? Yes / No

If yes to any of the questions above, please give details and appropriate instructions.

(Please note that if a child needs medication during a session this will need to be self-administered or administered by school staff in line with current agreed policies. We will use plasters unless requested otherwise.

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Name of child’s doctor................................................................................................................................................

Address.......................................................................................................................................................................

.........................................................................................................Tel no................................................................

CONSENT AGREEMENT

I undertake that my child will be adequately and safely equipped and clothed for the activities planned. I accept that he/she may not be allowed to take part if the leader considers it unsafe. I accept that my child will be participating in activities involving an element of risk but I understand that all activities have been risk assessed by qualified professionals and every effort will be made by the leader to ensure the safety and welfare of my child.

Signed....................................................................................................Parent/Guardian

Date...................................................................................................

This consent form will remain in the possession of the school and will be handed to the Forest School Practitioner at the start of each session.