

# Childs name ……………………………………………………………………

Parent/Carers full name …………………………………………………

Home address ………………………………………………………………………………………………………………………. …………………………………………………………………………………………………………………………………………

Contact telephone in case of emergency - Home: …………………………………………………

Work: …………………………………………………

Does you son / daughter have any of the following (Please tick):

|  |  |  |
| --- | --- | --- |
| Asthma or bronchitis | * Yes
 | * No
 |
| Sight or hearing disabilities  | * Yes
 | * No
 |
| Heart condition  | * Yes
 | * No
 |
| Fits, fainting or blackouts  | * Yes
 | * No
 |
| Severe headaches  | * Yes
 | * No
 |
| Diabetes | * Yes
 | * No
 |
| Allergies to any known drugs  | * Yes
 | * No
 |
| Other Any other allergies, e.g. material, food, Medicine, pollen, dust illnesses  | * Yes
 | * No
 |
| Any disabilities  | * Yes
 | * No
 |
| Sleep walking  | * Yes
 | * No
 |
| Travel sickness  | * Yes
 | * No
 |
| Is your son/daughter normally treated homoeopathically?  | * Yes
 | * No
 |
| Does your son/daughter have any special dietary requirements?  | * Yes
 | * No
 |

If the answer to any of the above is YES, please give details below, including details of medication or special diet:

|  |  |  |
| --- | --- | --- |
| Is your son / daughter up to date with their Tetanus vaccinations  | * Yes
 | * No
 |

As the parent/carer of the child named above, I have read, fully understood and am satisfied with the details supplied regarding Forest School activities, and agree for my child to take part in them.

I know of no medical reason why he/she should not participate.

In the event of a minor accident, I agree for first aid to be administered by a qualified First Aider, which could include the use of an antiseptic or appropriate cream, and/or plasters.

SIGNED ………………………………………………… DATE …………………………………………………

I will allow my child to be photographed for use on Chevin Forest School Facebook / Website:

SIGNED …………………………………………………………………………………………………………….