# **Consent Form for Forest School**

Please complete this form, continuing overleaf if necessary. **Please note, children cannot take part in sessions without a fully completed consent form.**

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| --- | --- |
| Full Name of Child: |  |
| Child’s Date of Birth: |  | School Class: |
| Address: |
| Phone Number: |  | Email: |

* I agree to my child taking part in Parent & Child Group Forest School Activities. Sessions will be led by a trained Forest School Leader:
* I understand that my child will, at an appropriate level, have opportunities to work with hand tools and small fires through the course of their Forest School work and may have the chance to cook and eat at Forest School.
* I understand that my child needs additional outdoor clothing for Forest School, as detailed in the Forest School kit list. Children who do not have appropriate clothing will not be able to take part for their own safety and wellbeing.
* I consent for my child to receive emergency first aid should the need arise, and for my child to receive emergency treatment from healthcare professionals.

**Please circle to give your consent to the following:**

* I have administered antihistamine before and my child had no ill effect.**YES / NO**

(Please note that if your child hasn’t had antihistamine before, we are unable to administer this to bites and stings)

* Trained staff may administer antihistamine cream to bites/stings if needed. **YES / NO**

(Please tell us if your child has had an adverse reaction to antihistamine cream)

* Trained staff may remove ticks. **YES / NO**

(If you do not consent to tick removal first aiders will cover the tick with a plaster for removal at home. Please see Parent Information for more details, or ask to speak to the FSL.)

**Signed**…………………………………………………**Date** ………………………..

# **Medical Information**

Please give details of any medical condition, which might affect outdoor forest school sessions.

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| *Continue overleaf if necessary* |

As an additional precaution, please tell us in more detail about allergies and insect stings. Please tick which statements apply:

My child **has neverbeen stung** by a wasp/bee.

My child **has been stung** by a wasp/bee and made a normal recovery.

My child **has been stung** by a wasp/bee **and had an allergic reaction**.

If you ticked the final box, we will get in touch with you for further information.

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| My child has the following food allergy/allergies or dietary needs, e.g. vegetarian: |
| Name of GP/Doctor/Surgery |  |
| Emergency Contact Information (Parent / Carer and an alternative emergency contact)Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed: (Parent/Carer) |
| Name of Parent / Carer: | Date: |