Exploration and risk taking are important parts of Forest School, but health and safety considerations are always of paramount importance. **Please complete the medical record form below and return to me before your child attends the first session.**

Has this child had any of the following: •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 •Any allergies, e.g. food, material, dust, pollen, plasters Yes No •Other illness or disability Yes No •Travel sickness Yes No •Tetanus vaccination in the last five years? Yes No

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

Does the above named have any fears or conditions which may affect their enjoyment of the woodland environment? (i.e. response to cold/heat, spiders, getting dirty etc.)

Any other information including special dietary, cultural or other needs:

Please note that it is the parent's responsibility to ensure the child has any specific medication with them on the day (inhalers, epipen etc).

Parent/Carer Consent (delete as appropriate):

I agree/do not agree to the Forest School leader taking photographs of my child for her portfolio and business.

I agree/do not agree to the First Aider to administer first aid on my child.

Signed:	

Name of child:

Day(s) I would like my child to attend:

Name of parent and relationship to child:

Contact email:

Contact number 1:_____

Contact number 2:_____

Arrangements for collecting my child (please tick appropriate):

My child will be collected at the end of the session by ______ (Please email the Forest School leader in advance to inform of any planned changes. Please contact Forest School leader on 07821818555 to inform of any last minute changes.)

My child can walk home on their own (Year 6 and older only).

Date: _____