

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 have read the Registration Welcome Letter.
- 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 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.....

Cancellation: The sessions will be cancelled on the morning of Forest School in weather conditions such as high winds/thunder and lightning/staff sickness. We will notify you by text and sessions will be rescheduled. A refund will be offered if we are not able to reschedule. Please note there is no refund if you cancel a booked session.