St Hilda’s Moorland Federation





Headteacher: Mrs E Orland

**Danby CE School - Forest School Consent Form (One form per child)**

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| Childs Name: | Date of birth: |
| Address: | **Parent/Guardian Telephone:**Home:Mobile:Work: |
| Email address: |
| **Emergency Contact (next of Kin)**Name:Relationship:Telephone number: | **Emergency Contact (Other)**Name:Relationship:Telephone number: |
| **GP and Medical Details**GP Name: Tel Number:Address: |
| **Has the above named had any of the following? Please mark yes or no** Asthma or bronchitis YES NOSight or hearing disabilities YES NOHeart condition YES NOFits, fainting or blackouts YES NOSevere headaches YES NODiabetes YES NOAllergies to any known drugs YES NOAny of allergies e.g. food, material, dust, pollen, plasters YES NOOther illness or disability YES NOTravel sickness YES NOIf the answer is YES to any of the above please give details including medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tetanus vaccination in the last five years YES NODoes 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: |
| **DECLARATION:*** As the parent/guardian I have read , fully understand 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 my child should not participate
* In the event of a minor accident and when I cannot be contacted, I agree for First Aid to be administered by a qualified First Aider
* I do / do not\* agree to my child being taken to hospital, or to be seen by the nearest doctor available should an emergency arise
* I do / do not\* give my consent for photographs of my child to be used for forest school displays including internet site
* I do / do not\* give my consent for photographs of my child to be used as part of their evaluation
* I do / do not\* give permission for observations of my child to be carried out by forest school staff and students on placement

\**please delete as appropriate*Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |