

Emergency contact details

Child's full name	
Date of birth	
Contact name and relationship to child	
Home address	
Phone numbers	<u>Work</u> <u>Home</u> <u>Mobile</u>
<u>Doctors</u>	<u>Address</u> <u>Telephone number</u>
<u>Emergency Contact details</u>	

Signed:

Date:



Medical information form

Does your child have any of the following?

Illness		
Asthma/Bronchitis		
Heart condition		
Sight/Hearing difficulties		
Diabetes		
Epilepsy		
Allergies Pollen, Nuts etc..		
Have your child ever been stung by wasps? If yes, describe reaction		
Date of last Tetanus injection		

Signed:

Date:



In the advent of an emergency

Woodland areas contain natural hazards such as stinging nettles, insects, ticks, thorns, splinters etc. It is inevitable, therefore, that the children will occasionally get bumps, scratches and scrapes etc. We will have a First Aid kit and will attend to minor injuries such as cuts or stings and will try to remove splinters.

Please sign below that you are aware of the increased risk of minor accidents and that you agree to the administration of First Aid:

Signed:

Date:

I consent to staff taking my child to the nearest accident and emergency unit to be examined, treated or admitted as necessary.

<b>Yes, I consent</b>	<b>No, I do not consent</b>
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Signed:

Date:

I consent to my child's photograph being taken during their forest schools sessions and used in displays and their learning journey which will be shared with OFSTED during inspection

<b>Yes, I consent</b>	<b>No, I do not consent</b>
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Signed:

Date:

