

## Parent Consent Form

Name of child .....

As a parent/guardian of the child named above, I agree that I would like my child to participate in Canopy Forest School after School club every Tuesday evening 3.30-5.50 at Merdon Junior School and agree that I will pay the fee of £10 per session.

I understand that activities may include, craftwork, nature conservation, sustainable woodland management, outdoor play and exploration, tool use, den building, fire lighting skills, campfire cooking and other related activities. I give my consent for the equipment and tools necessary for the activity to be used by the child mentioned above. All equipment use will be supervised by a Forest School Leader.

I understand that a strict code of practice for working with children will be followed and all activities will be risk assessed and I will be informed of any extra activities that don't follow the usual pattern.

Signed:.....

Date:.....

Name (in print):.....



## Consent letter

I agree/do not agree to my son/daughter receiving emergency medical treatment as considered necessary by the Forest School leaders. I will be happy to fill out a medical form and keep the staff informed of any changes in medical information.

Signed .....

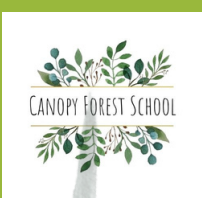
Date .....

I agree/do not agree to my son/daughter being photographed/filmed for educational and publicity purposes including our Facebook, Twitter, Instagram, Blog and Website accounts.

Signed .....

Date .....





**Please can you fill out this form so that we have recent Medical information about your child. Please also inform us of any further information that you would like to make us aware of that might affect your child's involvement in Forest Schools (e.g. phobias, complaints) or any other allergies (e.g. material, food, medicine, pollen, dust, etc)**

Could you also give us the Date of your last Tetanus Jab \_\_/\_\_/\_\_

Child's Name.....

Parent's Names.....

Home address.....

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Email Address.....

Emergency Contact No: Home: .....

Mobile: .....

Work: .....

Doctors' Name and address & Phone number.....

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Do you have any of the following? (circle as appropriate)

- |                              |     |    |
|------------------------------|-----|----|
| Asthma/bronchitis            | Yes | No |
| Sight or hearing disability  | Yes | No |
| Heart Condition              | Yes | No |
| Fits/fainting/blackouts      | Yes | No |
| Migraine/severe headaches    | Yes | No |
| Diabetes                     | Yes | No |
| Allergies to any known drugs | Yes | No |
| Food Allergies               | Yes | No |
| Hay fever                    | Yes | No |
| Physical Disability          | Yes | No |
| Special dietary requirements | Yes | No |
| Any other medical condition  | Yes | No |

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If you have answered Yes to any of the above please provide details here. Also use this space to inform us of any further information you would like us to be aware of.

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## Helper/Volunteer Agreement

I .....  
(volunteer at Canopy Forest School) have read and understood all that is stated in this handbook and have had the opportunity to have any questions answered about its contents or my role.

I understand that the Forest Leader is in charge of the activities within the session, and have read the relevant risk assessment for the activities to take place during sessions. I have provided my medical and emergency details to the Forest leader.

Signed.....Dated.....

