

CONSENT FORMS

I. Contact Details		
Child's Name		
Date of Birth		
Parent/Carer Name		
Address		
Home telephone		
Mobile telephone		
Email		
2. Medical needs (CHILD) Has the above named have any of the following:		
Asthma or bronchitis	Yes/No	
Sight or hearing disabilities	Yes/No	
Heart condition	Yes/No	
Fits, fainting, severe headaches or blackouts	Yes/No	
Allergies to insect bites/stings (e.g. wasps, bees)	Yes/No	
Diabetes	Yes/No	
Any allergies, (e.g. nuts, eggs), materials, dust, pollen, plasters, medicines	Yes/No	
Other illness or disability	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? (e.g. response to cold/heat, spiders, getting dirty etc..)		
Special dietary, cultural or other needs:		
3. Medical needs (ADULT or CARER) Has the above named have any of the following:		
Asthma or bronchitis	Yes/No	
Sight or hearing disabilities	Yes/No	
Heart condition	Yes/No	
Fits, fainting, severe headaches or blackouts	Yes/No	
Allergies to insect bites/stings (e.g. wasps, bees)	Yes/No	
Diabetes	Yes/No	<i>Continued over:</i>

Any allergies to food, (e.g. nuts, eggs), materials, dust, pollen, plasters, medication	Yes/No	
Other illness or disability	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? (e.g. response to cold/heat, spiders, getting dirty etc..)		
Special dietary, cultural or other needs:		

4. Consent for medical treatment:

- I hereby grant permission for emergency medical treatment or medication to be administered to me or my child by on-site first aiders or qualified medical respondents in the event of an accident.
- I agree to declare any physical or medical conditions which may affect my, or my child's, participation.
- I will notify the Forest School Leader of any medication which I or my child is taking.
- I agree to inform the Forest School Leader of any significant changes.
- I agree to, or my child, being taken to hospital, or to being seen by the nearest doctor available should an emergency arise.

5. Consent for code of conduct/clothing policy

- I have read the Fox & Cubs Forest School Code of Conduct and clothing policy, and agree to follow the safety rules and procedures.
- I give permission for my child to take part in Forest School activities which takes place at Wycombe Museum grounds. I understand that these activities take place in a risk assessed natural setting, and my child will be able to engage in activities which may involve activities such as tree climbing/tree swings, building dens, cooking around a camp fire and using tools.

6. Consent for photographs

We sometimes take photos at forest school as it's great to share all the fun we've had. We would like to check parents/guardians are happy for us to do so – however, if you wish to opt out please advise the leader and opt out below.

- I give permission for photographs to be taken whilst my child is at Forest School. I understand these may be used for publicity and promotional purposes including Fox & Cubs FS or Museum website/social media (NB - *Children are never identified by name in any photographs unless specific consent is requested*).
- If you do not consent to photographs please tick here:

Signed _____ Date _____

PRINT NAME: _____