



Parental Consent & Medical Form

Child's name: _____ Date of birth: _____
 Parent/Carer: _____ Mobile no.: _____
 Contact Phone Numbers - Home: _____ Work: _____ Mob: _____
 Name of Child's Doctor: _____ Doctors Tel no.: _____
 Doctor's Address: _____

DATE: _____ **VENUE: Quex Woods**

Tick as appropriate

- I give my consent for my child to take part in Forest School at Quex and agree to her/him taking part in the activities.
- I give my consent for my child to travel to and from the Forest School site at Quex in the Manor House Forest School minibus.
- I give my consent to photographs of my child being used to promote Forest School activities. My child's name will not be used to accompany these photos.
- Should the necessity arise, I agree to the person in charge of the party giving consent on my behalf for an anaesthetic to be administered or any other urgent medical treatment to be given.

Parent/Carer's signature: _____ Date: _____

IN CASE OF EMERGENCY:

Please complete the section below with the name of a relative or neighbour who can be contacted if you cannot be reached:

Name: _____ Relationship to child: _____
 Home: _____ Work: _____ Mob: _____

| Please tick if your child suffers or has suffered the following conditions: | | | |
|---|--|---|--|
| Asthma or bronchitis | | Fits, fainting or blackouts | |
| Sight or hearing impairments | | Severe headaches | |
| Heart condition | | Diabetes | |
| Travel Sickness | | Any allergies e.g. food, material, dust | |
| Details of Drug Allergies: | | | |
| Other illness, medical condition or impairments: | | | |

Please give details of any specific needs that your child may have, so that we can adapt activities accordingly:

| | |
|---|--|
| Has she/he had a tetanus vaccination? | |
| Has she/he received medical or surgical treatment of any kind from either your doctor or hospital during the last three months? | |
| Has she/he been given specific medical advice to follow in emergencies? | |
| Does your child carry any medication? | |

If the answer is YES please give details (including dosage of medicine)

By ticking this box you are consenting to receiving email from Manor House Forest School.

