

## Forest School Medical Information Form



Date attending -	
Child's full name	
Date of Birth	
Dietary Requirements (Hot lunch provided)	
Contact Name and relationship to child	
Home Address	
Telephone Numbers	Home Work Mobile E-mail
Doctor	Address  Telephone

### Has your child had any of the following?

Condition	Comment	Medication needed, please specify
Asthma/Bronchitis		
Sight/hearing difficulties		
Heart condition		
Diabetes		
Epilepsy		
Any other conditions (please specify)		
Allergies: e.g. nuts, pollen, materials		
Have they ever been stung by a wasp or bee? If yes please describe the reaction		
Date of last tetanus injection -Are immunisations up to date?		

### Do you give permission for Forest School staff to:

Administer first aid to your child?	
Apply insect repellent to your child's skin?	
Administer Piriton syrup if required?	
Allow your child to participate in all forest school activities -fire making and tools	
Take photographs and videos of your child? (These may be shared with you during the day or shared at the end of the day via our Facebook page. Please indicate if group photos are not allowed to be shared and/or used for advertising purposes – facebook, posters etc)	

**Signed:**

**Date:**