

Forest Friends Woodland Birthday Party

PARENT CONSENT FORM

Location
Date of session
Time of Party

Parents/Guardians name

Childs name

Childs Date of Birth

Parent/Guardians address

Post Code

Email address

Home Tel
Mobile Tel
Emergency Tel 1
Emergency Tel 2

MEDICAL FORM – PLEASE COMPLETE THIS FORM IN CASE OF EMERGENCIES

Please ensure that the Forest School Leader is notified of any child with medical conditions, allergies, or behavioural problems before the party date.

Does your child suffer from any allergies

Have diabetes, asthma, or epilepsy

Has your child had any relevant recent illness

Has your child had a tetanus injection in the last 12 months Date

Has your child been in contact with any contagious diseases in the last month.

Any additional information the Leader needs to know? Please submit additional information on a separate piece of paper

Family Doctor

Telephone

CONSENT

As parent /guardian of _____

I agree to my child/children taking part in the activities, and have completed and signed the Forest Friends consent/medical form. I know of no medical or other reason why they should not participate.

I consent to any emergency treatment necessary during the above session. I therefore authorise the Forest Friends staff to sign on my behalf, any written form of consent required by the hospital authorities on the understanding that every effort shall be made by the Forest Friends staff to contact myself the parent/guardian.

Signature of Parent/Guardian _____

Print name _____

Date _____

PHOTOGRAPHIC PERMISSION

Photographs may be taken for promotional use or evaluation booklets, please delete as appropriate.

I give permission for photographs taken at Forest Friends to be used for promotional purposes Yes No