



Freedom Forest School CIC

Consent Form

Please complete and return before first session

Child's Full Name:	
Date of Birth:	
Parent/carer:	
Contact Number:	
Home Address and email:	
Name and Contact of Doctor:	

Has your child had any of the following?

Illness	Comment	Medication needed
Asthma/Bronchitis		
Sight/hearing difficulties		
Heart condition		
Diabetes		
Epilepsy		
Allergies: e.g. pollen, nuts, medicines etc.		
Has your child ever had an adverse reaction to a bee or wasp sting?		
Any other medical condition		
Date of last Tetanus injection (if known)		

I give my consent for my child to take part in Forest School and agree to her/him taking part in the activities.

PHOTO CONSENT I give my consent for my child and me to have photographs taken and understand that some of these may be used:

1. For promotional purposes (with no names) on the public Freedom Forest social media pages. Yes/No
2. And on the Freedom Forest website (with no names) and other promotional sites/articles. Yes/No

I understand that every effort will be made to contact parents in the event of an emergency as quickly as possible. I give consent for First Aid and Emergency treatment to be administered.

Signed: _____ Date: _____

Name Printed: _____ Relationship to child _____