



THE BISHOPSWOOD SCHOOLS FEDERATION

Bishopswood Infant & Junior Schools
Barlows Road
Tadley
Hampshire
RG26 3NA
Infant 0118 9812836
Junior 0118 9812738

Executive Headteacher: Mr G Golding

Parental Consent Form for Forest School

Please complete this form, continuing overleaf if necessary. **Please note, children cannot take part in sessions without a fully completed consent form.**

Child's Name:		
Child's DOB:		School Class:
Address:		
Phone Number:		
Email:		

- I agree to my child taking part Forest School Activities.
- I understand that sessions will be led by a trainee Forest School Leader.
- I understand that my child will, at an appropriate level, have opportunities to work with hand tools and small fires through the course of their Forest School work and may have the chance to cook and eat at Forest School.
- I understand that my child needs additional outdoor clothing for Forest School, as detailed in the Forest School Handbook. Children who do not have appropriate clothing will not be able to take part for their own safety and wellbeing.
- I consent for my child to receive emergency first aid should the need arise, and for my child to receive emergency treatment from healthcare professionals.

Signed..... **Date**

Medical Information and Allergies

Please give details of any medical condition, which might affect outdoor forest school sessions as well as any allergies, including food.

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Continue overleaf if necessary

As an additional precaution, please tell us in more detail about allergies and insect stings. Please tick which statements apply:

- My child **has never been stung** by a wasp/bee.
- My child **has been stung** by a wasp/bee and made a normal recovery.
- My child **has been stung** by a wasp/bee **and had an allergic reaction**.

If you ticked the final box, we will get in touch with you for further information.

My child has the following food allergy/allergies or dietary needs, e.g. vegetarian:	
Name of GP/Doctor/Surgery:	
Emergency Contact Information (Parent / Carer and an alternative emergency contact):	
Name: _____	Tel number: _____
Relationship to Child: _____	
Name: _____	Tel number: _____
Relationship to Child: _____	
Signed: (Parent/Carer)	
Name of Parent / Carer:	Date: