



Forest School Parental Agreement

Name of Child; _____

Class; _____

Medical Information

Medical information will be obtained from the medical information you provided at the start of the school year. However, if there is further information that you would like to make us aware of that might affect your child's involvement in Forest school (e.g., phobias) or allergies (e.g., material, food, medicine, pollen, dust etc.) please record these below.

Record additional information here;

Tetanus Jab

Please give the date of your child's last Tetanus Jab. ____/____/____.

Consent

As a parent/guardian of the child named above, I agree to my child participating in the Forest School activities taking place.

I understand that activities may include, walking, climbing, craftwork, pond dipping, tool use, flint lighting skills, den building, campfire cooking and other related activities. I give my consent for the equipment and tools necessary for the activity to be used by my child named above. I understand that a strict code of practice for working with children will be followed and all activities will be risked assessed by the Forest School Leader and agreed and signed off by the Headteacher. I will be informed of any extra details of activities that are not listed. I understand that Forest School will take place within the school grounds. If Forest School is to take place off site, then my consent will be sought.

Signed; _____ Date; _____

Name (in print); _____

Relationship to the named child; _____