



Temple Grafton Church of England Primary School

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Mrs S. Hendry
Head Teacher



21st October, 2015

Re: Year One Forest School

Dear Parent/Carer,

We are delighted to inform you that Year Ones will be given the opportunity to enjoy Forest School again after half term beginning on Wednesday 11th November 2015. They will have five sessions in the Autumn term and then further sessions throughout the school year.

A reminder about what the children need to wear?

It is important that the children are comfortable and not worried about getting their clothes dirty. We don't let the weather stop us having fun but it is important that we are suitably dressed. Thanks to the PTA we are able to provide waterproof dungarees and jackets. Even on warm days everyone will also need a long sleeved top, long trousers and wellies. As it gets cooler, it is important that the children stay warm so layers are the order of the day. Oversized wellies with thermal socks work well but if your child already has snow boots or walking boots they are ideal.

Consent Form

As we will be going off site we would ask you to fill in the consent form and medical details and return this to the school office by Friday 6th November, 2015.

If you have any questions or concerns about your child taking part in this programme please do not hesitate to get in touch via the school office!

Kind regards

Claire Uttley
Forest School Leader



Temple Grafton Forest School Consent Form

Please complete and return to school office

Child's Full Name:	
Date of Birth:	
Parent/carer:	
Contact Number:	
Contact Address:	
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?		
Date of last Tetanus injection		

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

I understand that every effort will be made by the school to contact next of kin 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 _____

If you, your child or any member of your family have difficulty in accessing the school and/or the school's facilities and services, please contact the School Office for assistance.