



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		
Any other medical condition that we need to be aware of...		

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 parent/carers 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 _____