

**CONSENT**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

GP's Name \_\_\_\_\_ GP's Tel \_\_\_\_\_

GP's Address \_\_\_\_\_

Please state any known conditions that may prevent your child from taking a full and active part in the sessions, or that may be required in the event of an emergency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state any allergies your child has

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any regular medication your child may require during sessions e.g. inhalers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Emergency Contact 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

I have read the parent information leaflet and understand what is involved in forest school sessions and wish my child to take a full and active part in them. I will ensure they wear the clothing listed and take the additional items with them.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Please use more paper if you need more space and indicate here additional documents*

I give permission for my child to be photographed and understand these photographs / videos may be used in promotional materials, staff / volunteer training sessions and on any future websites / social media of Bairns and Branches.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ &

telephone number \_\_\_\_\_ will be used to contact you regarding the booking.