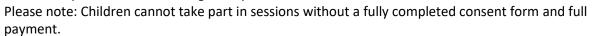
Exmoor Forest School Consent/Booking Form

Please complete this form writing clearly.





Full Name of Child:	
Child's Date of Birth:	
Address:	
Postcode:	
1 03100000.	
Name of Parent/Guardian	Relationship
completing this form:	to Child
	above:
EMAIL Address:	
Name of GP/Doctor Surgery:	
Telephone Number:	
EMERGENCY CONTACTS:	
Name:	
Di ana Manakan	N. d. a. la i I a
Phone Number:	Mobile:
Name:	
Phone Number:	Mobile:
the state of the decrease of the fellowing	
Has the above named had any of the following: Asthma or bronchitis	Yes / No
Sight or hearing disabilities	Yes / No
Heart condition	Yes / No
Fits, fainting or blackouts	Yes / No
Severe headaches	Yes / No
Diabetes	Yes / No
Allergies to any known drugs Any of allergies, e.g. food, material, dust, pollen, pla	Yes / No
Other illness or disability	asters Yes / No Yes / No
If the answer to any of the above is YES please give	details including medication, below:

Tetanus vaccination in last five years: Yes / No Does the named child have any fears or conditions which may affect their enjoyment of the woodland environment? (i.e response to cold/heat, spiders, getting dirty etc)		
— An	other information including special dietary, cultural or other needs:	
\$\tag{\text{\text{\$\pi}}}\$	My child is in good health and I consider him/her fit to participate in all forest school activities. I understand that my child will have opportunities to work with hand tools such as knives and axes and fires through the course of their Forest School work & may have the chance to cook & eat at Forest School. In the event of a minor accident and when I cannot be contacted, I agree for First Aid to be administered by a qualified First Aider. I do / do not ** agree to my child being taken to hospital, or to being seen by the nearest doctor available should an emergency arise. I do / do not ** give my consent for photographs of my child to be used for forest school displays incl. website, Facebook, Instagram I do / do not ** give my consent for photographs of my child to be used as part of their evaluation. I do / do not ** give permission for observations of my child to be carried out by forest school staff and students on placement.	
⊕	I have read and understood the Terms & Conditions policy of Exmoor Forest School on the website https://exmoorforestschool.com	
	gned: (Parent/Guardian)	
	ame of Parent/Guardian: Date:	
	NY OTHER USEFUL INFO REGARDING YOUR CHILD YOU THINK WE SHOULD KNOW:	

PLEASE EMAIL A COPY & <u>REQUEST PAYMENT DETAILS</u> exmoorforestschool@aol.co.uk

A place for your child will be confirmed once this form & payment has been received

*** PLEASE BRING ORIGINAL COPY TO FIRST SESSION