



Child and Young Person Medical Consent Form

This form must be completed for insurance purposes. Children / young persons will not be allowed to attend the session without a completed form.

| | | |
|--------------------------------|-----------------|-----------------|
| Child's / young person's Name: | | |
| Gender: | | |
| Date of Birth: | | |
| Parent/ Guardians name: | | |
| Parent/ Guardians number: | | |
| Home address: | | |
| | | |
| Emergency contacts | Person 1 | Person 2 |
| Name: | | |
| Number: | | |

Data protection

We will retain this form only for a period of two years maximum after completion of the sessions your child / young person is involved with.

Medical Information

Does the child / young person have any of the following?

| | | | |
|---|--|---|--|
| Asthma or Bronchitis | | Diabetes | |
| Sight or Hearing Condition | | Fits, Fainting or Blackouts | |
| Heart Condition | | Severe Headaches | |
| Allergies to any known medications please give details: | | Any other allergies, (e.g. material, food, medicine, pollen, dust etc.) | |
| Other illness, disability, behavioural need or poor mental health that might hinder the involvement in Forest School (i.e. phobias, complaints) | | | |
| Cultural or Religious needs / requirements | | | |

Please give the Date of the child's / young person's last Tetanus Jab ___/___/___

Please provide any notes about the child / young person you think we should know such as behavioral problems so that we can manage the session to the benefit of all participants.

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Publicity consent

I give permission for staff to take photographs of my child / young person whilst involved in Xplore! Nature and for any photos of my child / young person to be used responsibly within Xplore! Website/ Facebook page/Publicity Material/ Press releases with their name/ without their name.

Signed:..... Date ___/___/___

Consent

As a parent/guardian of the child / young person named above, I am satisfied with the Forest School/ Outdoor education activities taking place and agree for my child to take part in them.

I know of no medical reason why he/she should not participate.

In the event of a minor accident and I cannot be contacted, I agree for First Aid to be administered by a qualified First Aid er which could include the use of an antiseptic or appropriate cream and/or plasters. I also consent to sun cream being applied if necessary.

Signed:

Date: ___/___/___

Name (Block capitals)

Relationship to child / young person:

