

Forest School Medical Information Form

Child's full Name	
Date of Birth	
Contact Name and relationship to child	
Home Address	
Telephone Numbers	Home Work Mobile
Doctor	Address Telephone

Has your child had any of the following?

Illness	Comment	Medication needed, please specify
Asthma/Bronchitis		
Sight/hearing difficulties		
Heart condition		
Diabetes		
Epilepsy		
Allergies: e.g. nuts, pollen, materials		
Have they ever been stung by a wasp or bee? If yes please describe the reaction		
Date of last tetanus injection -Are immunisations up to date?		

Do you give permission for Forest School staff to:

Administer first aid to your child?	
Apply sun cream to exposed areas of skin?	
Apply insect repellent to your child's skin?	
Administer Piriton if required?	
Allow your child to participate in all forest school activities including fire making and tool use.	
Take photographs and videos of your child?	
Transport your child on the tractor trailer ride?	

Signed:

Date: