

## Forest School Session Booking Form

If you have more than one child coming to Forest School please complete a booking form for each child.

<b>CHILD'S DETAILS</b>	
CHILD'S SURNAME:	CHILD'S FORNAMES:
DATE OF BIRTH:	SEX: MALE/FEMALE
NAME OF PARENT/ CARER:	
ADDRESS:	
TELEPHONE NUMBER:	MOBILE NUMBER:
EMAIL ADDRESS:	

<b>EMERGENCY CONTACT DETAILS</b>	
NAME:	TELEPHONE NUMBER:
<b>MEDICAL DETAILS</b>	
NAME OF DOCTOR:	TELEPHONE NUMBER:
ADDRESS OF DOCTOR:	
<b>MEDICAL INFORMATION</b>	
DETAILS OF MEDICAL CONDITIONS, ALLERGIES, MEDICINES ETC.	

Please indicate which dates you would like your child to attend Forest School.

<b>Week</b>	<b>Dates</b>	<b>Tick ( )</b>
<b>Week 1 Half Term Halloween</b>	Wednesday 30 <sup>th</sup> October 2019	
	Thursday 31 <sup>st</sup> October 2019	

I give permission for my child to have their photographs taken and used for the school website.

<b>Yes</b>	<b>No</b>	Please indicate.
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I understand that all outdoor activities contain inherited risks but these risks are minimised by risk assessment and appropriate management.

<b>Signed</b>	
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I give permission for a qualified first aider at the setting to treat my child in the event of a medical emergency.

<b>Signed</b>	
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<b>Date:</b>	<b>Signed:</b>