



St Chad's Forest School Permission Form

Name of Child _____ Class _____

I agree to my child taking part in Forest School activities at regular intervals during the coming academic year. Sessions will be led by a qualified Forest School Leader.

I understand that my child will, at an appropriate level, have opportunities to work with hand tools and small fires through the course of their Forest School work.

I agree to my child being photographed during Forest School activities for my child's or the school's own use. Yes No please circle and sign.....

Medical Information

Does your child have any medical condition we need to know about eg asthma.....
.....
.....
.....

I confirm that the medical information I have supplied to the school is up-to date.

As an additional precaution, we are required to ask you in more detail about allergies and insect stings. Please tick the appropriate box(es):

- my child has never been stung by a wasp/bee
- my child has been stung by a wasp/bee and made a normal recovery
- my child has been stung by a wasp/bee and had an allergic reaction

If you ticked the final box, we will get in touch with you to get further information.

My child has the following food allergy/allergies:

Signed _____ Parent/ Carer

Name of Parent/Carer (print) _____ Date _____

