

School Consent Form

	Date of birth:	
School name:		
Parent/Carer:	Mo	obile no.: Mob:
Confact Phone Numbers -	Home: work:	Mob:
Home Address:		Date:
italine of Cilia 3 Doctor.	Bock	
Doctor's Address:		
\square I give my consent for my child to tr	se part in Forest School at Quex and agree to her/ ravel to and from the Forest School site at Quex of my child being used to promote Forest Scho	
or any other urgent medical treatr	ment to be given, including being taken to hosp	
Parent/Carer's signature:_		Date:
		or suitable adult who can be contacted if you cannot be reached:
Name:	Relationship to ch	nild:
Home:	Work:	Mob:
Please tick if your child suffers	or has suffered the following conditions:	
Asthma or bronchitis	Travel Sickness	Any allergies e.g. food, material, dust, medication
Sight or hearing impairments	Fits, fainting or blackouts	Diabetes
Heart condition	Severe headaches	
Dietary Requirements:		
If you ticked any of the above, plea	ase give details:	
Other illness, medical condition or in	mpairments:	
Please give details of any specific ne	eeds that your child may have, so that we can o	adapt activities accordingly:
Has she/he had a tetanus vaccinat	tion?	
Has she/he received medical or surgical treatment of any kind from either your doctor or hospital during the last three months?		
Has she/he been given specific me	dical advice to follow in emergencies?	
Does your child carry any medication	on?	
If the answer is YES please give detail	Is (including dosage of medicine)	
	House Nursery School is committed to protecting and will never share it except if required to d	ng your privacy and keeping your personal data secure. o so by law.
	to Manor House Forest School/Manor House Nu	







 \square By ticking this box you are consenting to receiving email from Manor House Forest School.