



# Parental Consent & Medical Form

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_

Home Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone Numbers - Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mob: \_\_\_\_\_

Email Address : \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_

Doctors Tel no.: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dates of attendance:**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Tick as appropriate**

- I give my consent for my child to take part in Forest School and agree to her/him taking part in the activities.
- I give my consent to photographs/video of my child being used to promote Forest School activities.  
e.g Facebook, posters and leaflets
- I give my consent for my child to travel to and from the Forest School site at Quex in the Manor House Forest School minibus.
- Should the necessity arise, I agree to the person in charge of the party giving consent on my behalf for an anaesthetic to be administered, or any other urgent medical treatment to be given, including being taken to hospital by ambulance

Parent/Carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IN CASE OF EMERGENCY:** Please complete the section below with the name of a relative or suitable adult who can be contacted if you cannot be reached:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mob: \_\_\_\_\_





# Parental Consent & Medical Form

|  |  |                             |  |
|--|--|-----------------------------|--|
| <b>Please tick if your child suffers or has suffered the following conditions:</b> |  |                             |  |
| Asthma or bronchitis   |  | Travel Sickness             |  |
| Sight or hearing impairments   |  | Fits, fainting or blackouts |  |
| Heart condition  |  | Severe headaches            |  |
| Dietary Requirements:  |  |                             |  |
| If you ticked any of the above, please give details:                               |  |                             |  |
| Other illness, medical condition or impairments:                                   |  |                             |  |

Please give details of any specific needs that your child may have, so that we can adapt activities accordingly:

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|   |  |
|---|--|
| Has she/he had a tetanus vaccination?   |  |
| 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 medical advice to follow in emergencies?   |  |
| Does your child carry any medication?   |  |

If the answer is YES please give details (including dosage of medicine)

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**Manor House Forest School/Manor House Nursery School is committed to protecting your privacy and keeping your personal data secure. We will keep your information secure and will never share it except if required to do so by law.**

Please tick the box if you agree to Manor House Forest School/Manor House Nursery School holding your personal data.  
(Please see our GDPR/Privacy policy on our website)

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

