**Parental Consent Form**

**Name of Child.............................................................................................**

**Medical Information**

Medical information will be obtained from the medical information you provided at the start of the school year. However, if there is further information that you would like to make us aware of that might affect your child’s involvement in Forest Schools (e.g. phobias, complaints) or any other allergies (e.g. material, food, medicine, pollen, dust, etc.) Please write below.

**Please give the Date of your child’s last Tetanus Jab \_\_\_/\_\_\_/\_\_\_**

**Consent**

As a parent/guardian of the child named above, I agree to my child participating in the Forest School activities taking place.

I understand that activities may include, walking, craftwork, pond dipping, tool use, flint fire lighting skills, den building, campfire cooking and other related activities. I understand that the risk is greater for injury and soiling and damage to clothing during these activities, but children will be aware of the risks and be heavily supervised. I give my consent for the equipment and tools necessary for the activity to be used by the young person mentioned above. I understand that a strict code of practice for working with children will be followed and all activities will be risk assessed and I will be informed of any extra details of activities that are out of the ordinary pattern.

I understand that there will be live animals and my child will help with feeding and general care. See Animals in Nursery Policy.

I understand that my child may fall, get muddy, get scrapes and so forth as this would be expected in any outdoor setting.

Signed:……………………………………………………………Date:…….............................

Name (in print):……………………………………………………………….

Relationship to child:……………………………………………………………