*This form is valid for the year 2019. It is your responsibility to let us know if you want to change or withdraw your agreement at any time.*

|  |  |
| --- | --- |
| Child’s details | |
| Childs first name | Child’s surname |
| Child’s DOB and age: | Gender: |
| Child’s address | |
| Name of Childs parent /carer | |
| Mobile phone: | |

**Emergency contacts**

|  |  |
| --- | --- |
| Emergency contact details :person 1 | |
| First name: | Surname: |
| Relationship to child: | |
| Primary contact number: | |
| Address: | |
| Email address: | |

|  |
| --- |
| Medical details |
| Details of medical condition/illness/ Description of treatment (i.e. epipen, inhaler etc)  (please let us know of any medical history that would be relevant for us to know in case of an emergency)    NB Medications must be in the original container as dispensed by the pharmacy Dosage and frequency/time of administration. |
| Details for storage:  Administering instructions: |
| Dietary |
| My child is allergic/intolerant too…. |
| My child is: vegetarian vegan other: |
| Has your child had a tetanus vaccination yes / no |

**Permissions**

|  |
| --- |
| I confirm that I give permission for medication/treatment to be administered to my child as detailed above by the qualified Forest School practitioner on session.  Signature of parent / guardian:…………………………………………………………………………………………………………. |
| I give permission for my child to be:   * Given Piriton or an antihistamine cream if they are stung:………………………………………………………… * To have tick removed if found on my child using a tick remover ………………………………………………. * To be sprayed with insect repellent: ………………………………………………………………………………………. * For sunscreen to be applied as necessary: ……………………………………………………………………………… |
| Any additional information you may wish to share: |
| **I understand that all outdoor activities contain inherent risks but these risks are minimised by risk assessment and appropriate management:**  Signature of parent / guardian:…………………………………………………………………………………………………………. |

During your child/children’s time at Forest school we would like to take photographs/videos of them. To comply with the General Data Protection Regulations (GDPR), we need your permission before we can photograph or make any recordings of your child. Please answer the questions below. If you require clarification on any aspect of this form or need assistance in completing it please do not hesitate to contact me. Full details are available in our T&Cs.

|  |  |  |
| --- | --- | --- |
| Child/children’s name/s | | |
|  | Yes /no | signature |
| I give my consent for my child/ren to be photographed |  |  |
| Photographs may be displayed on the website |  |  |
| Photographs may be seen by other parents and professionals in learning situations |  |  |
| Photographs may be used on the Open Trail Facebook page |  |  |
| Photographs may be used for publicity which may include press releases to local newspapers |  |  |
| Photographs may be sent to external funding partners |  |  |
| Photographs may be used for publicity by external funding partners |  |  |

I understand that I am able to request that photographs are not taken at any time.

Signed ……………………………………………………………………………………………………………………………

Print name(s) here ………………………………………………………………………………………..………………….

Date ……………………………………………………………………………………………………………………………………………….

Please return this form to:

Hannah Escott [Hannah@opentrail.co.uk](mailto:Hannah@opentrail.co.uk) 07790690078