

Registration Form

Child's name			
Child's date of birth			
Child's school			
Asthma	Y		N
Allergies			
Current medication			
Parent's name			
Address			
Email address			
Contact numbers	1. 2.		

All information provided is covered by the Data Protection Act 1998 and is strictly confidential. I understand and agree to it being held by Stocks Wood Outdoor Centre.

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 and may have the chance to cook and eat at Forest School.

I give permission for my child to be photographed whilst at Forest School and for these to be used on the website / social media / advertising material – no names will be included.

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

I consent for my child to participate in Stocks Wood Outdoor Centre's Forest School activities.

Name of Parent / Guardian:

Signature:

Date:

(P.T.O. for medical permissions)

Medical Permissions

I consent for my child to receive emergency first aid should the need arise, and for my child to receive emergency treatment from healthcare professionals.

As an additional precaution, we are required to ask you in more detail about allergies and insect stings.

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 this last box, we will get in touch with you to get further details.

I give permission for my child to have insect repellent (Smidge) applied when necessary.

I give permission for my child to have antihistamine cream applied to any insect bites.

I give my permission for my child to have sun cream applied, when necessary.

Hospital Treatment Permissions

In the event that your child should require hospital treatment, we require the following additional information. We will always try to contact parents prior to any hospital treatment.

Doctor's Name:

Doctor's Address:

Is there any medical attention you would NOT like your child to receive, or anything that we should make the hospital aware of?

Name of parent/Guardian:

Signature:

Date: