

Long Crendon Forest School Medical Consent Form

Please read the Forest School letter and Tick information sheet (sent via parentmail and available on the Forest School page of the School web site). The information you provide on this medical consent form will be referenced during all Forest School sessions completed by your child during this school year. If you wish to amend any details during the year please let the school know as soon as possible.

Please complete and sign this form, returning it to school no later than Wednesday 14th Sept.

If you have any questions or concerns please contact your class teacher, or Mrs Berrell (our Forest School Leader) via the school office.

Medical

Mrs Berrell is a qualified outdoor first aider and will ensure any medical issues are dealt with as they arise. Please complete all sections below to confirm if your child may be given any of the following if required while at Forest School:

Full Name of Child:..... Date of Birth:..... School year:.....

| My child may be given the following if needed: | Yes | No |
|---|-----|----|
| Hypo-allergenic plasters | | |
| Non-alcoholic medicated wipes | | |
| Anthisan Cream for stings and bites | | |
| Sterile solution for Eye irrigation | | |
| Coolgel or Burnjel for burns | | |
| Sun Cream (to be applied by the child themselves) | | |

In the event of an emergency please contact:

Name.....

Phone No:.....

Please ensure the school office has your full current emergency contact details.

| Please tick as appropriate: | Yes | No |
|---|-----|----|
| Does your child have an inhaler in school? | | |
| Does your child have an epipen in school? | | |
| Please read the information sheet regarding Ticks and Lyme Disease and our school procedure for preventing tick bites and for removing them if found (sent via parentmail and available on the Forest School page of the School web site). If your child finds a tick on their arm or leg while at school, may a first aider remove the tick using a tick removal card? | | |
| Has your child ever experienced an allergic reaction to a bite or sting? If yes, please describe the symptoms your child experienced and what triggered it (if known): | | |
| Does your child have any allergies, health related issues, or dietary requirements (we will be cooking on campfires) that our Forest School Leader needs to be made aware of? Yes / No (please add details here if yes, use the back of this sheet to continue if needed) | | |

Photos

Please tick as appropriate:

Are you happy for photos of your child at Forest School to be added to the school website? Children's names will never be associated with the photos.

| Yes | No |
|-----|----|
| | |

Please read and sign below:

- I have read the information regarding **appropriate Forest School clothing** in the Forest School letter (sent via parentmail and available on the Forest School page of the School web site) and will ensure my child has long trousers, long sleeves, warm layers, and a change of footwear in school on Forest School days.
- I give permission for my child to be treated at forest school with the **medical items** I have ticked 'yes' for above and understand that standard school procedures will be followed regarding informing me of medical issues that occur.

Signed:..... Print Name:..... Date:.....