

Contact details

Name of participant:	Date of birth::
Name of responsible adult:	Contact number
Home address:	GP name:
	GP Address:

Additional emergency contacts

Name:	Phone number:	Relationship to child:
-------	---------------	------------------------

MEDICAL INFORMATION AND CONSENT

If you / your child have any **medical conditions, or carry medication** please tell us about that here. Ensure any medication needed is with you, accessible and that Practitioners know what should be administered in an emergency. *e.g. inhalers, epipen, insulin.*

Please use this space to tell us about any **additional access information and interests** e.g. physical, medical, communication, dietary or things your child enjoys. We take this information into account in planning so our sessions are relevant, fun and inclusive.

All Practitioners are qualified L3 Outdoor specific first aiders including pediatric first aid. We carry a full first aid kit which is easily identifiable in the woods. The forest is a risky environment and accidents can happen. As such your consent is required as follows:

1. I understand that should medical treatment be necessary every effort will be made to obtain my consent. In an emergency I authorise Greenwood Growth CIC Practitioners to consent on my behalf to any medical treatment deemed necessary **YES / NO**
2. I have written above full details of any recent illness of medical condition, including details of medication or special diet **YES / NO**
3. Do you suffer from, or have ever suffered from:

Epilepsy YES / NO

Asthma YES / NO

Heart problems YES / NO

Eczema YES / NO

Diabetes YES / NO

Other allergies:

4. Have you received a tetanus injection in the last five years? **YES / NO**

Signed:

Date:

AGREEMENT

I am aware that i/my child will be involved in woodland activities to which I give my consent. These may include use of fires, full sized tools, ropes and swings and cooking. I understand that activities in a woodland setting due to their nature present elements of risk and that although Greenwood Growth Practitioners will mitigate these risks as far as possible accidents can happen.

A NOTE ON TECHNOLOGY DURING SESSIONS

All Greenwood Growth Practitioners carry a mobile phone in case of emergency. We encourage our guests to leave their devices securely in pockets or bags. We do this because we want:

- to keep you safe as you move through the woodland by avoiding trips, slips and falls;
- to give you time away from screens so you enjoy connection to the natural world and the people you are with.

Technology helps some people access their natural world, e.g. using Apps to identify birdsong or using photography to focus attention. Using technology in this way can be incredibly rewarding and we welcome proportionate use of tools in this way.

PHOTOGRAPHY PERMISSION

Practitioners may take photos of the session. Should you wish to do so please only record your own children / children in your care.

Consent I, _____, grant permission for images of myself and/or my child / child in my care to be used for the following purposes:

Electronic, including social media, and printed information, displays	Yes	No
Website	Yes	No
Promotional material	Yes	No
Staff or student coursework	Yes	No
Observation and assessment	Yes	No
Local newspaper or magazine	Yes	No
National newspaper or magazine	Yes	No
Other organisation's website	Yes	No
Other organisation's promotional material	Yes	No

DATA PROTECTION ACT AND GENERAL DATA PROTECTION REGULATIONS

I give permission for all Greenwood Growth Practitioners to hold a copy of this permission form securely within the bounds of the Data Protection Act and General Data Protection Regulations and for them to destroy it when it is no longer needed.

Signed:

Date: