

Please use additional forms if you need them.



Children/ adult's Medical information

All participants in forest school need to have their details entered on this form, including **parents/ carers and babies**. If **no** participants have any medical conditions, please just add **all participants** to asterisked boxes (*) on this page, rather than filling out separate forms. For anyone else with medical conditions, including adults, please fill out **separate** forms. **Please complete all of Parts A & B. (Please also mention if you are pregnant as this is a working farm and there may be some risks to you, especially around lambing season).**

PART A

<u>*Full Name(s)</u>		<u>*Date of Birth(s)</u>	
*Contact Name & relationship to child/ children			
Parent/ Carer Home Address			
Parent/ Carer contact number			
Emergency contact details	Name: Home: Work: Mobile:		
Doctor	Address: Phone:		

PART B- Has the person in part A, had any of the following?

Illness/ condition	Comment	Medication needed Please specify
Asthma/ Bronchitis		
Sight/ hearing difficulties		
Heart condition		
Diabetes		
Epilepsy		
Allergies e.g. pollen, nuts, materials		
Has your child ever been stung by a wasp or bee? If yes, describe the reaction		
Tetanus (& Date of last injection if known)		
Pregnant/ other		

Signed:

Date:

Children will not be able to take part in activities without the return of this medical form. Occasional photographs and videos are used for the website & Facebook group and may be used for marketing purposes; Tick here if you do NOT want your child's photo/video used. ☐