



BE FREE
FOREST SCHOOL

Medical/contact form for parents/guardians – PLEASE WRITE IN CAPITALS
This is essential information required before the student starts at Be Free Forest School

Student Name:	
Address:	
Telephone:	
Email:	
Male / Female	Date of Birth
Adult Contact (in case of emergency)	
Name:	
Relationship to Participant:	
Emergency Phone Number(s):	
Name and address of Doctor:	
Phone no.	
MEDICAL INFORMATION (please circle answers as appropriate)	
1. Does your child suffer from any conditions requiring medical treatment?	Yes / No
If yes, please give brief details	
2. Does your child suffer from any allergies (including taking medication)?	Yes / No
If yes, please give brief details	
3. Has your child received a Tetanus injection within the last 5-years?	Yes / No
4. Does your child have any special dietary requirements?	Yes / No
If yes, please give brief details	
OTHER INFORMATION	
Is there any additional information we need to know? If so, please give details:	
DECLARATION	
I agree to the children listed on this form receiving medical treatment including anaesthetic as considered necessary by the medical authority present (e.g. paramedic).	
Signature: Date:	

Be Free Forest School risk assessment consent form – essential

Student or young persons name:

By signing below I understand that my child may, at an appropriate level, have opportunities to take managed risks including climb trees, swing on rope swings, get muddy, work safely with hand tools and make small contained (supervised) fires during their Forest School experience. These activities are fully risk assessed and led by a qualified Level 3 Forest School Practitioner and First Aider, risks are minimised, but accidents may occur. As the parent/carer of the child named above, I have read, fully understood and am satisfied with the details supplied regarding today’s Forest School activities, and agree for my child to take part in them, and I give consent for first aid to be given by a trained first aider if required.

Signature _____

Printed name _____

Date _____

Be Free Forest School photographic, filming & transport consent form

Student or young person’s name:.....

Please note: If you do not wish the person named to have their photograph taken, be filmed or transported by car by employees of Be Free Forest School, please feel free to decline/ leave blank.

Photographs and film are used for a variety of reasons including evidence of learning, coaching to improve technique and for promotional purposes such as the Be Free Forest School website.

Please tick the appropriate agreements and sign below:

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I hereby agree and give consent to my child's photograph being taken or being filmed, on the understanding that it may be used in full or part for publicity purposes by Be Free Forest School

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I hereby agree and give consent for Be Free Forest School to use any photos for the purposes of producing; Photo Books, portfolios and Reports.

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I hereby agree and give permission for Be Free Forest School staff to transport my child for the purpose of offsite visits and field trips.

Signature

Printed name

Date

GDPR Compliance – We will keep this information securely for a maximum of five years from the date the student leaves Be Free Forest School. After this time all data will be destroyed. Please refer to our privacy policy on our website <https://befreeforestschool.co.uk/> for additional information.