

Bredon Forest School Personal record sheet



Name _____ Date of birth _____
Address _____

_____ Tel .Home: _____ Mobile _____

Email address _____
Emergency contact (next of Kin)
Name _____ Relationship _____
Tel. no. _____
Other
Name _____ Relationship _____
Tel. No _____

G P & medical details
G P name _____ Tel. no. _____
Address _____

Has the above named had any of the following:

Asthma or bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sight or hearing disabilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fits, fainting or blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Severe headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies to any known drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any of allergies, e.g. food, material, dust, pollen, plasters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other illness or disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Travel sickness	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above is YES please give details including medication, below:

Tetanus vaccination in last five years Yes No

Does the above named have any fears or conditions which may affect their enjoyment of the woodland environment?
(i.e response to cold/heat, spiders, getting dirty etc..)

Any other information including special dietary, cultural or other needs:

- As the parent/guardian I have read, fully understand and am satisfied with the details supplied regarding Forest School activities and agree for my child to take part in them.
- I know of no medical reason why my child should not participate.
- In the event of a minor accident and when I cannot be contacted, I agree for First Aid to be administered by a qualified First Aider.

- I do / do not ** agree to my child being taken to hospital, or to being seen by the nearest doctor available should an emergency arise.
- I do / do not ** give my consent for photographs of my child to be used for forest school displays **incl. internet site.**
- I do / do not ** give my consent for photographs of my child to be used as part of their evaluation.
- I do / do not ** give permission for observations of my child to be carried out by forest school staff and students on placement.

** Please delete as appropriate

Signed _____ Date _____