**Forest School Medical Form**

Child’s name:.... .................................................................................... Date of birth:............................

Home address: ........................................................................................................................................

..................................................................................................................................................................

Name of next of kin:................................................................................................................................

Contact telephone number in case of emergency:.................................................................................

Name & telephone number of Family Doctor:........................................................................................

Address of Family Doctor:.........................................................................................................................

**Does your child suffer from any of the following: (Please tick)**

|  |  |  |
| --- | --- | --- |
| **Condition** | **Yes** | **No** |
| Asthma or Bronchitis |  |  |
| Sight or Hearing difficulties |  |  |
| Heart condition |  |  |
| Severe headaches |  |  |
| Diabetes |  |  |
| Allergies to any known medicine and / or contact plasters |  |  |
| Any other allergies e.g. food, plants, trees, pollen, dust |  |  |
| Seizures, epilepsy |  |  |
| Other illness or disability |  |  |

**If the answer to any of the above questions is YES please give details in the space below including details of medication**:..............................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

|  |  |  |
| --- | --- | --- |
| **If the need should arise:** | **Yes** | **No** |
| the Forest School Leader may remove a tick with a parasitic tick remover |  |  |
| and your child has a protruding splinter, the Forest School Leader may remove with tweezers |  |  |
| **I give permission for photos of my child to be taken during Forest School to be used:** | **Yes** | **No** |
| In class |  |  |
| In the weekly newsletter |  |  |
| For the school website |  |  |

Name:.......................................................................................................

Signed:...................................................................................................... Date:.....................................