**PARENTAL MEDICAL/CONSENT FORM**

Please complete the following form in BLOCK CAPITALS and return to your group organiser:

Name of Child

Date of birth

Parent/Guardian Name

and relationship to child

Address

E-mail

Telephone Nos.

(work/home/mobile)

Alternative Emergency

Contact Name/no

**Is there any health or wellbeing issues that you wish Treecreepers to be aware of in relation to your child?**

Please include medical conditions, allergies, current medication, recent injuries, special dietary or medical requirements, emotional or behavioural issues or any other information that is relevant to your child taking part in woodland activities. Please also inform us if we cannot use photos of your child publically.

**I consent to the child named above taking part in a Treecreepers Forest School programme. I agree that I have read and accepted Treecreepers terms and conditions,** **I have declared any relevant health issues and am aware that my child will need to be dressed appropriately for outdoor activities.**

Signed: Date:

Parent/guardian