

**Wild things!**  
**Environmental Education in Action**  
 Findhorn Village Centre, The Od School, Church Place,  
 Findhorn Village, IV36 3YR. Tel: 01309 690450  
 Email - enquiries@wild-things.org.uk



**Forest School**  
**Confidential Medical Information and Permission Form**

Visit to: \_\_\_\_\_

Dates of Visit: \_\_\_\_\_

**PART A - CONFIDENTIAL MEDICAL QUESTIONNAIRE**

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Next-of-kin: \_\_\_\_\_

Home address: \_\_\_\_\_

Contact Telephone Number (in case of emergency)

Home:

Work:

Mobile:

Name & Address and Telephone number of Family Doctor:

\_\_\_\_\_

1. Has your son/daughter had any of the following: Please tick
- |   |     |     |    |
|---|-----|-----|----|
| Asthma or bronchitis  | Yes | No  |    |
| Sight or hearing disabilities                                     | Yes | No  |    |
| Heart condition   | Yes | No  |    |
| Fits, fainting or blackouts                                       | Yes | No  |    |
| Severe headaches  | Yes | No  |    |
| Diabetes  | Yes | No  |    |
| Allergies to any known drugs                                      | Yes | No  |    |
| Any other allergies, e.g. material, food, medicine, pollen, dust. |     | Yes | No |
| Other illness or disability                                       | Yes | No  |    |
2. If the answer to any of the questions is YES please give details in the space below including details of medication:
- \_\_\_\_\_
3. Has your son/daughter received vaccination against Tetanus in the last ten years? Yes No

4. Has your son/daughter received medical or surgical treatment of any kind from either your Family Doctor or Hospital during the past 3 months? Yes No

5. Has your son/daughter been given medical advice to follow in emergencies? Yes No

If the answer to question 4 or 5 is YES please give the details here:  
(including dosage of any medicines/tablets)

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### **PART C - PARENTAL / GUARDIAN PERMISSION**

I have read, fully understand and am satisfied with the details supplied about the above mentioned Forest School trips and agree to my child, \_\_\_\_\_, taking part. (please insert name of child)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

#### **Medical**

As parent/guardian of the child named above, I know of no medical reason why he/she should not participate

In the event of a minor accident (and I cannot be contacted) I agree for First Aid to be administered by a qualified First Aider which could include the use of an antiseptic or appropriate cream and or plasters.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

NOTE: If you would rather discuss any medical matters privately with the party leader please call Jennie or Karin on 01309 690450.

#### **Photos/Video**

We would like to ask permission to take photos and occasionally video of the Forest School sessions to be used in reports for funders, our website or publications promoting Wild things! No names identifying the children are ever published with the photograph for the child's protection. Please indicate below if you agree/do not agree to this.

**Photos** - Yes / No    **Video** - Yes / No    **Web Site** - Yes / No    **Publicity** - Yes / No

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We will be making drinks from wild foods or picking wild foods (eg blaberries). Are you happy with your child tasting these?

**Yes / No**    (please delete as appropriate)