

Parental Consent Form



IMPORTANT – PLEASE READ

*In order to ensure the proposed activity is planned, agreed and safe for all, this form **MUST** be completed and returned as below:*

*If you are **under 18 years of age**, you will not be allowed to participate in this activity unless this form has been **signed by your parent / guardian**.*

It is unlikely you will be able to participate unless the form is FULLY completed and returned BEFORE the day of activity.

- Please ensure all information is clear and easy to read -

Activity: **Forest School** Dates of activity:

Name of Participant
Address

Postcode Home Telephone
Date of Birth School Year

Name of Parent/Guardian (if under 18)
Address (if different from above)

Postcode Home Telephone
 Emergency Telephone

Email Address

Name of Participant's Doctor
Address

Postcode Telephone

Details of participant's food allergies or other special dietary needs:

Details of participant's medicinal allergies, medical requirements or other special needs (including ADHD, ASD, behavioural difficulties etc.):
If participant receives medication, including an inhaler for asthma, they must bring these with them.

Any other details you wish to make the organisers aware of:

Statement of Risk:

The Wiltshire Outdoor Learning Team places safety as a top priority. Adventurous Activities involve some risks for the people taking part, and this team aim to keep these risks as low as possible. The chances of serious injury are extremely low, but the chance of minor injuries (bruises, bumps and – less likely – cuts and minor fractures) are a possible result of taking part in Adventurous Activities. The Wiltshire Outdoor Learning Team will minimise the actual dangers by:

- Carrying out a careful assessment of all risks before commencing the activity
- Only using experienced instructors with appropriate qualifications for the activity
- Giving clear safety instructions to everyone participating
- Ensuring equipment and clothing is well-maintained and suitable for the activity and environment
- Ensuring activities are within the capabilities of the participants
- Asking participants to supply information about any medical conditions and necessary medication
- Ensuring good hygiene standards are kept

We expect participants to co-operate with the Wiltshire Outdoor Learning Team's instructors to ensure the safety of all participants, and answering questions honestly about any medical conditions or other information relating to health and safety.

Images

I agree that photographs and/or video can be taken of my son / daughter / ward and that they may be used for an end of term celebration video for the student, publicity, marketing purposes or reports.

Signed:.....

Date:.....

Consent

I..... (name of parent / guardian) agree to my son / daughter / ward

.....(participant name) taking part in the activity(s) outlines above.

I understand that my son / daughter / ward will take part at his / her own risk, and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the supervisory staff, unless proven to be caused by their negligence. I declare that to the best of my knowledge my son / daughter / ward is competent and medically fit to participate in the activities as part of the group. I agree that medical treatment will be given if necessary and in case of emergency. I understand the information from this form may be stored digitally. I understand that a similar activity may be substituted due to safety factors or weather conditions.

I agree to let the Wiltshire Outdoor Learning Team know if any of the above details change during the period my son / daughter / ward is on the course.

Signature of parent / guardian.....

Date:.....

Schools please return both forms to the Wiltshire Outdoor Learning Team
7 Gipsy Lane, Warminster, BA12 9LR
or
email to: ForestSchool@wolt.org.uk