

# Learning in the Leaves Forest School Information Form



Event:

Dates:

Location:

Meeting place and time:

Collection place and time:

Cost:

Transport details:

Activities:

Further details:

Organiser and contact details:

Contact details during the event:

*Please keep this section for your own information, and detach and return the section below.*

**Note:** All activities will be run in accordance with Forest School's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Forest School does not provide automatic insurance cover in respect to such items.

Please complete and return this section to \_\_\_\_\_ by \_\_\_\_\_

**Name of young person:** \_\_\_\_\_ **D.o.B:** \_\_\_\_\_

**Event:**

*I enclose a cheque / cash for £ \_\_\_\_\_ (please make cheques payable to \_\_\_\_\_)  
I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.*

**Emergency contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Doctor's name and contact details:** \_\_\_\_\_ **Details of any medications currently being taken:** \_\_\_\_\_

**Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:** \_\_\_\_\_ **Details of any infectious diseases he/she has been in contact with in the last three weeks:** \_\_\_\_\_

I Give permission for still, moving and audio recordings to be made, as long as they are not use in a public without my prior consent. Circle as appropriate - YES/NO.  
*If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

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

**Relationship to young person:** \_\_\_\_\_

*Please use the back of this form if more space is required*

**Note:** The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general