



Hakeford Woods

(Postal Address) 48 Wrafton, Braunton, Devon. EX33 2DE
(Forest School Site Address) **Hakeford, Between Chelfham Mill and
Stoke Rivers, Barnstaple EX327LB**

Stuart: Tel: 07754538415 email: hakefordwoods@gmail.com

Iona: Tel : 07805264011 email: dowlingiona@gmail.com

Website: www.hakefordwoods.org.uk

Registered Charity Number 1203076

Parental Permission Form - Home Education Groups

I have read the **Forest School Information Pack, Clothing and Equipment requirements** and **Code of Conduct** documents and discussed the contents with my child.

I give permission for my child

1. I agree to my child taking part in Forest School activities. Sessions will be lead by our fully qualified Forest School staff.
2. To be given emergency treatment / first aid if necessary when attending a Forest School program.
3. I understand that my child will need to be dressed appropriately. They will have strong shoes (wellington boots would be ideal to allow children to take part in activities in water and mud). They will also be wearing long sleeved tops and long trousers. They will have suitable outdoor clothing for the weather and time of year (in winter warm /waterproof coat, hats and gloves, In summer a suitable hat)
4. I understand that my child may, at the discretion of the Forest School staff, have opportunities to work with hand tools (including knives, saws, billhooks etc.) and small fires through the course of their Forest School work.
5. I understand that my child will work in groups containing minimum ratios of 1 adult to 4 children for 3 year olds, 1 adult to 6 children for 4-5 year olds and 1 adult to 10 children for over 5 year olds at all times.

Indemnity Statement

- Taking part in a Forest School program or activity is conditional on the individuals recognizing that these activities are activities where there is a potential for misadventure and subsequent personal injury. Participants must be aware of and accept these risks and agree to hold responsibility for their own actions and involvement.
- I declare that in the event of any claim of compensation for an incident, the claim will only be against another party directly involved in that incident.
- No compensation will be sought from the company or directors unless they are found, by law, to have acted in a negligent or illegal manner.
- It must be remembered that safety is the responsibility of ALL participants who are each responsible for the safety of themselves and other participants.
- All safety rules and procedures must be followed.
- Any hazards found in/on the site must be reported to the Forest School Leader who will take all reasonable steps to ensure that every participant is made aware of the hazard.
- I declare that I have read and agree to the content of this document. I have discussed the content with my child / children and made them aware of their responsibilities whilst participating in the Forest School Program or when at the Hakeford Woods site.

Signed

Date

Hakeford Woods

Medical Treatment Consent and Parental Consent Form

In the event that your child should require hospital treatment, we require the following information:
Please note that we will always try to contact parents and families prior to any hospital treatment.

Child's Name	
Date of Birth	
Home Address	
Parent/Carer	
Name	
Telephone No.	
Work/Mobile No.	
Email address	
Doctor	
Name	
Medical Centre Address	
Insect Stings. As an additional precaution we are required to ask you in more detail about allergies and insect stings.	
My child has never been stung by a bee or wasp	Y/N
My child has been stung by a bee or wasp and made a normal recovery	Y/N
My child has been stung by a bee or wasp and had an allergic reaction	Y/N
If you answered yes to the final question we will contact you in order to obtain further details	
I give permission for my child to have insect repellent applied if necessary	Y/N
Allergies	
My child has food allergies /allergies. If Yes please detail below	Y/N

Is there any medical attention that you would NOT like your child to receive, or any medical information that we should make the hospital aware of?			
Medical Information			
I confirm that the medical information that I have supplied is fully up to date			Y/N
I give permission for my child to receive medical attention as needed whilst in the care of a representative from Hakeford Woods or a participating organisation.			
<u>Please delete below if you do not wish Forest School Staff to administer this medication to your child.</u>			
Paediatric Paracetamol	Antiseptic cream	Sting/bite treatment	Sun cream

Photographs/Video Recordings		
I give permission for my child / children to be photographed whilst at Hakeford Woods and for these images to be used in the child's achievements books, school records and press releases or publications		Y/N
Transport		
I give my permission for my child / children to be transported by Hakeford Woods staff in an emergency medical situation		Y/N
Data Protection		
All information provided is covered by the Data Protection Act 1998 and is strictly confidential. I understand and agree to the above information being held by Hakeford Woods.		Y/N

Permissions I have clearly indicated the above permissions relating to (Child's name) as parent/carer	Name of parent/carer:	
	Signed:	
	Date:	

Office use only