

Do you/your child have any known medical conditions Yes/No

If Yes, please provide additional information.

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Insect Stings.

We are required to ask you in more detail about allergies and insect stings.

I/my child has never been stung by a bee or wasp Yes/No

I/my child has been stung by a bee or wasp and made a normal recovery Yes/No

I/My child has been stung by a bee or wasp and had an allergic reaction Yes/No

If you answered yes to an allergic reaction we will contact you in order to obtain further details.

I give permission for my child to have insect repellent applied if necessary Yes/No

Allergies

Do you/your child have any known allergies Yes/No

If Yes, please provide additional information

Allergic to	Known reaction

Do you/your child have any known food allergies Yes/No

If Yes, please provide additional information.

Allergic to	Known reaction

Is there any medical attention that you would NOT like your child to receive? Yes/No

If Yes, please provide additional information.

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Medical Information

I confirm that the medical information that I have supplied is fully up to date Yes/No

I give permission for me/my child to receive medical attention/treatment as needed whilst in the care of a representative from The Forest Approach.

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 The Forest Approach.

Permissions

I have clearly indicated the above permissions relating to

Name: _____

Your name/name of parent/carer: _____ (If child is under 18)

Signed: _____

Date: _____