

# The Forest Approach, White Lion Antiques, Hartford Bridge, Hartley Wintney, RG278AE

# Medical Treatment Consent

The Forest Leader holds a Level 3 Paediatric First Aid certificate and a Level 3 Forest School First Aid certificate.

In the event that you or your child should require emergency medical or hospital treatment we always try to contact you (parent/carer) or your emergency contact person prior to any emergency medical or hospital treatment being administered.

In the event that we are unable to gain contact with you (parent/carer) or the emergency contact person we require the following information to ensure medical professionals have all relevant information.

Name:	
Date of Birth:	
Home Address:	
Parent/carer name(if appropriate) :	
Telephone number:	
Work/Mobile number:	
Email address :	
Doctor Name : Doctors Surgery Address :	
Emergency contact details:	
Name:	
Telephone number:	
Work/Mobile number:	

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

If Yes, please provide additional information.

#### 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

#### <u>Allergies</u>

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.

### **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:	

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Date: _	 		