



Out Of Our Tree Forest School

CONSENT FORM

(To be completed by participant for each course booked onto)

Important note: For long term continuous programmes, consent forms will be renewed annually-however it is your responsibility to advise Out Of Our Tree Forest School CIC of any changes to the information contained herein.

Information contained herein is used solely for emergency purposes and to ensure the safety of yourself. Personal information will not be disclosed to anyone other than a medical professional. We do not use email addresses or contact details for marketing purposes.

First Name:

Surname:

Date of Birth:

Programme/Event/Club Attending & Dates & Venue:

Attendee Address:

Postcode:

Contact Details-

Phone:

Forest School Practitioners
Woodland Enrichment Days- Transition Days
-Woodland Crafts- Outdoor Education-
Woodland Art After School Clubs & Woodland Workshops
Forest School Holiday Programmes & After School Clubs
Out Of Our Tree Forest School Community Interest Company



**Out Of Our Tree
Forest School**

Mobile:

Email:

In the event of an accident or serious injury, who should we contact on your behalf?

Their relationship to you:

Phone:

Name of your General Practitioner (GP) or Family Doctor:

Surgery Address:

Phone:

Your Blood type:
(if known)

Rhesus Factor:
(if known)

Have you had a Tetanus Booster/Injection within the last 5 years?

Yes

No

Are you receiving medical/surgical treatment of any kind from their GP or a Hospital?

Yes: Please give details-

No

Medical Conditions:

Any medical conditions, allergies, intolerances or recent injuries that you suffer from that we should be aware of?

If yes- please explain:

Additional needs or support:

Are you currently taking any prescribed medication? If so, please list below:

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Declaration: **I understand that by signing this consent form, I am declaring:**

*I agree to taking part in the Our Of Our Tree Forest School Programme/ Club/ Event and will ensure that I have suitable outdoor clothes for all weather activities, and will bring with me a packed lunch and drinking water for the day (if necessary and advised.)

*That I am of sufficient fitness to participate and I acknowledge the need for responsible behaviour, cooperation and obedience on my part.

*That I agree to comply with the terms and conditions set out by Out Of Our Tree Forest School, see www.outofourtree.org terms and conditions page.

*That I recognise that the course or courses have an element of personal risk, and however unlikely, the risk can become a reality. It is paramount that you listen to and acts upon the directions of the Forest School staff, and takes note of all the safety instructions given to them.

*In the event of an accident, I agree to receiving immediate First Aid by a qualified First Aider or Paramedic.

*That Out Of Our Tree Forest School CIC , its appointed staff and their Landowner, will not be liable now, or at any time in the future for any loss, expense, damage or claim I may have against them for any damage suffered to myself or my property as a result of participating on this course.

***I consent to photographs being taken whilst I participate on the course, and I understand that these may be used for educational, promotional and marketing purposes by Out Of Our Tree Forest School.** If you do not wish photographs to be taken - please advise a member of our staff and additionally state here:

Information contained herein is used solely for emergency purposes and to ensure the safety of your child. Personal information will not be disclosed to anyone other than a medical professional. We do not use email addresses or contact details for marketing purposes.

Signed:.....

Print:..... Date:.....

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