|  |
| --- |
| This is the booking form for the Saturday Stay and play sessions. Please ensure you have emailed me at [mimi@dorkingforestschoolrangers.co.uk](mailto:mimi@dorkingforestschoolrangers.co.uk) to reserve a space.  Runs on: Saturdays  The sessions will run all year round most Saturdays dates will be advertised on the website and facebook page. The group is for children of all ages.. All children to be accompanied by an adult.  Cost: £6.00per child. Tea,coffee and healthy snacks cooked on the capfire are included.  You can book and pay in blocks or for each session to reserve your space. To book a space please contact me on 07500 810 823 or email me mimi@forestschoolrangers.co.uk. You will need to fill out and send  me this booking form below  ​ |

|  |  |
| --- | --- |
| Child’s details | |
| Childs first name | Child’s surname |
| Child’s date of birth | Gender:  Male/female (delete as appropriate) |
| Child’s address | |
| Name of Childs parent /carer | |
| Mobile phone: | |
| Address | |
| Email address | |

**Emergency contacts** (Please supply 2 emergency contacts ensuring that on these sessions they are available)

|  |  |
| --- | --- |
| Emergency contact details :person 1 | |
| First name | Surname |
| Relationship to child | |
| Primary contact number: | |
| Address: | |
| Email address | |

|  |  |
| --- | --- |
| Emergency contact details :person 2 | |
| First name | Surname |
| Relationship to child | |
| Primary contact number: | |
| Address: | |
| Email address | |

|  |
| --- |
| Medical details |
| Details of Medical condition/illness (please let us know of any medical history that would be relevant for us to know incase of an emergency) |
| Description of treatment (i.e. epipen, inhaler etc) |
| Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied)    NB Medications must be in the original container as dispensed by the pharmacy Dosage and frequency/time of administration |
| Details for storage..........................................................................................................  Administering instructions…………………………………………………………………..  Any known side effects ……………………………………………………………………  Date first dose given …………………………… Date last dose given………………….. |
| Dietary |
| My child is allergic/intolerant too…. |
| Please specify details of your child’s typical reaction to (each) food allergen |
| Other allergies (i.e. hayfever, bee stings) |
| Has your child had a tetanus vaccination yes / no  **Date of vaccination** |

Permissions

|  |
| --- |
| I confirm that I give permission for medication/treatment to be administered to my child as detailed above.  Signature of parent / guardian:………………………………………………………………………………………………………….  Medical treatment for any injury or illness will be received as required whilst at Forest School club by Michelle Eastell, qualified Outdoor First aid qualification, unless parents/carers have instructed otherwise above |
| I give permission for my child to be given Piriton or an antihistamine cream if they are stung  Signature of parent / guardian:…………………………………………………………………………………………………………. |
| I give permission for the first sider to remove a tick if found on my child using a tick remover  Signature of parent / guardian:…………………………………………………………………………………………. |
| I give permission for my child to be sprayed with insect repellent  Signature of parent / guardian:…………………………………………………………………………………………………………. |
| I give permission for sunscreen to be applied as necessary:  Signature of parent / guardian:…………………………………………………………………………………………………………. |
| Any additional information you may wish to share:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |

|  |
| --- |
| **I understand that all outdoor activities contain inherent risks but these risks are minimised by risk assessment and appropriate management:**  Signature of parent / guardian:…………………………………………………………………………………………………………. |

During your child/children’s time at Forest school we would like to take photographs of them at play, which will allow us to capture those special moments and to share with you what your child has been doing.

We would also like to use these photos on the Dorking Forest school rangers website  Facebook page and within a Forest school scrapbook for all the children and parents to see.

In all of these a common sense approach and the welfare and safety of children will always be uppermost in its decision making

Nevertheless, to comply with certain aspects of the Data Protection Act 1998, we need your permission to take and store photographs or digital images of your child for these uses. I would be grateful therefore if you would answer the questions below and then sign and date the form where indicated. If you require clarification on any aspect of this form or need assistance in completing it please do not hesitate to contact the me at drop off or pick up .

|  |  |  |
| --- | --- | --- |
| Child/children’s name/s | | |
|  | Yes /no | signature |
| I give my consent for my child/ren to be photographed |  |  |
| Photographs may be displayed on the website |  |  |
| Photographs may be seen by other parents and professionals in learning situations |  |  |
| Photographs may be used on the Dorking Forest school Facebook page |  |  |
| Photographs may be used within the Forest school scrapbook for parents and children to view at any time |  |  |
| Photographs may be used on Forests school publicity which may include press releases to local newspapers |  |  |
| Photographs (hand and feet shots only) may be taken on the Forest school leaders Ipad and mobile phone and used for portfolio work |  |  |

I understand that I am able to request that photographs are not taken at any time. Signed …………………………………………………………………………………………………………………………………..….

Print name(s) here ………………………………………………………………………………………..………………….

Date ……………………………………………………………………………………………………………………………………………….

I confirm that my child has read/understood by being read to Our Forest school code of conduct

Signature of parent / guardian:………………………………………………………………………………………………………….

Please note that if you submit this form electronically, the receipt of your email will be regarded as confirmation that the information provided is correct.

Please return this form to:

Michelle Eastell

Forest school leader    mimi@dorkingforestschoolrangers.co.uk

07500810823