



Holiday Club Consent Form

Child's name: _____ Date of birth: _____

Parent/Carer: _____

Home Address : _____

Contact Phone Numbers - Home: _____ Work: _____

Mob: _____

Email Address : _____

Name of Child's Doctor: _____

Doctors Tel no.: _____

Doctor's Address: _____

Dates of attendance:

Tick as appropriate

- I give my consent for my child to take part in Forest School and agree to her/him taking part in the activities.
- I give my consent to photographs/video of my child being used to promote Forest School activities.
e.g Facebook, posters and leaflets
- I give my consent for my child to travel to and from the Forest School site at Quex in the Manor House Forest School minibus.
- Should the necessity arise, I agree to the person in charge of the party giving consent on my behalf for an anaesthetic to be administered, or any other urgent medical treatment to be given, including being taken to hospital by ambulance

Parent/Carer's signature: _____ Date: _____

IN CASE OF EMERGENCY: Please complete the section below with the name of a relative or suitable adult who can be contacted if you cannot be reached:

Name: _____

Relationship to child: _____

Home: _____ Work: _____

Mob: _____



Head Office - Hartsdown Park, Hartsdown Road, Margate, Kent CT9 5QX

Forest School - Quex Park Estate, Birchington, Kent CT7 0BH

info@manorhouseforestschoo.co.uk | manorhouseforestschoo.co.uk





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Please tick if your child suffers or has suffered the following conditions:			
Asthma or bronchitis		Travel Sickness	
Sight or hearing impairments		Fits, fainting or blackouts	
Heart condition		Severe headaches	
Dietary Requirements:			
If you ticked any of the above, please give details:			
Other illness, medical condition or impairments:			

Please give details of any specific needs that your child may have, so that we can adapt activities accordingly:

Has she/he had a tetanus vaccination?	
Has she/he received medical or surgical treatment of any kind from either your doctor or hospital during the last three months?	
Has she/he been given specific medical advice to follow in emergencies?	
Does your child carry any medication?	

If the answer is YES please give details (including dosage of medicine)

Manor House Forest School/Manor House Nursery School is committed to protecting your privacy and keeping your personal data secure. We will keep your information secure and will never share it except if required to do so by law.

Please tick the box if you agree to Manor House Forest School/Manor House Nursery School holding your personal data. (Please see our GDPR/Privacy policy on our website)

By ticking this box you are consenting to receiving email from Manor House Forest School.

