

IMPORTANT INFORMATION FOR ALL CHILDREN AND ADULTS ATTENDING A WORLD OUTSIDE ACTIVITY (Retain this part for reference)

- We meet in **front** of the Visitors Centre. (Post code DY11 5TB) Please ensure that you **arrive 15 minutes before start** of the party as we will be heading to the forest school area promptly.
- Please ensure that **anyone** (adult and child) attending forest school has warm activity clothes, to include **trousers, a long sleeved top and sturdy shoes**. Also bring waterproofs and a change of clothes, wellies if wet.
- If you child or the accompanying adult **has used an asthma inhaler in the last 6 years or has an epi-pen they must** bring it with them to attend. Ref: Asthma Association. Please check our website for our asthma policy and terms and conditions
- **Strictly no open toes shoes/sandals, slip-ons or crocs – for accompanying adults or participants!**
- This is not a party/activity for pretty dresses or flammable party costumes as we may well be cooking on an open fire. Anyone with unsuitable foot wear, or clothing will be taking part at their own risk and excluded from the activity.
- Please bring a hat and gloves in winter/hat and sun protection cream in summer. If wet a change of clothes for the way home.
- Parents are welcome to stay, but please ensure that you have waterproofs and suitable foot wear/clothing (no opened toed shoes/sandals) . Space in the shelter is limited in wet weather so why not stay for a coffee in the visitors centre. (Arboretum/restaurant opens at 11.00am Wed-Sun).
- Please ensure anyone collecting your is aware of your password to avoid delay when picking up your child

NB :If bringing siblings, please inform the host prior to the party. As anyone one under 16 years of age and over 18 months needs to be included in the numbers and paid for. (£10/ahead).



The World Outside



Medical Consent Form for Parties and Bespoke Sessions

Due to the nature of the activities a copy of this form must be fully completed prior to the date of the party before your child will be allowed to take part.

Consent form As parent/guardian of the Child named above I agree to my child taking part in the activities and have completed and signed this consent/medical form. I have read, understand and agree to the information at the top of this form. I know of no reason medical or otherwise why they should not take participate. I will ensure the Forest School Leader has any medication i.e. inhalers/epi-pens at the start of the session. I consent to any emergency treatment necessary during the above session. I therefore authorise 'The World Outside' Staff to sign on my behalf any written form of consent required by the hospital authorities on the understanding that every effort will be made by the World Outside Staff to contact myself the parent/guardian on the numbers provided above. I accept that my child will probably get muddy and will ensure my child and any adults accompanying are dressed appropriately, with sturdy shoes, long sleeved top, trousers, waterproofs etc. I understand that even though the activities are well managed and risk assessed, they can still carry a degree of risk and potential danger. I understand that my child or accompanying adults will be excluded from taking part/accompanying the group if appropriate clothing/shoes are not worn

Signature of parent/guardian		Print Name		Date	
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Details:

Childs Name		Childs Age	
Parents/Guardians Name			
Home Address:			
I give permission for photographs taken at the Forest Session to be used for promotional purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Postcode			
Emergency Telephone Number 1		Relationship to child	
Emergency Telephone Number 2		Relationship to child	
Email address:			
Please supply a password to use when collecting your child:			
Please ensure that the Forest School Leader is notified of any medical conditions, allergies, behavioural problems, special needs before the Forest party. Please provide any additional information that the leader needs to know, if necessary continue on a separate sheet/overleaf.			

Does your child suffer from any allergies/asthma/ diabetes or epilepsy (if yes please state below) If you child has used an asthma inhaler in the last 6 years or has an epi-pen they must bring it with them to attend	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Does your child have special needs please give details overleaf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any special dietary requirements i.e. vegetarian? (if yes please state below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Is your child up to date with their tetanus (i.e. have they had their preschool – booster)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doctor 's Name and Telephone number	
Doctors Address	