

The World Outside BOOKING FORM FOREST SCHOOL AT BODENHAM ARBORETUM

Please complete the form with the activities you wish your child to participate in and the fill in the total payable

Name Parent/Guardian:

Address:

Postcode

Phone Number: Mobile No:

Email address:

Name of Child	Date of Birth	Age	Activity Session	Activity Date	Cost
TOTAL					

Do any of the children or adults attending this event have special needs? YES NO

If yes can you give details:

I have read and understand the terms and conditions: YES NO

Signed:

FOREST SCHOOL AT BODENHAM MEDICAL FORM

Please fill one of these sheets out per a child

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the treatment of your child. All information requested will be treated in strict confidence, and will not prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information should be given. Any additional information can be written on the rear of this sheet

Does your child have any medical problems e.g. Asthma, hay fever, allergies? YES NO

If yes can you give details: (ie Asthma triggers, details of allergies and treatment)

NB If any medication is required i.e. Inhalers/epi-pens/**antihistamine etc. please ensure** these accompany your child and should be sent in a secure container and labelled with child's name, dosage and time/date of last dose.

Name of Doctor or Medical Practice?

Emergency Contact Names:

Relationship to child:

Home phone number:

Mobile number:

Work phone number:

I give permission for the forest school leader to apply burn gel YES NO

I give permission for the forest school leader to waspeze YES NO

Can your child swim? YES NO

When was the date of your child's last Tetanus?

After the event my child will be collected by:

Please provide a security password to be used by the person collecting your child:

I give permission for photographs to be taken (please see terms and conditions) YES NO

I give permission for my child to receive, if necessary, medical treatment including the administration of general anaesthetic and surgical operations in accordance with the recommendations of general practitioner. YES NO

Signed:

Date:

Cancellations

We reserve the right to cancel any event. Refunds may be issued at 'The World Outsides' discretion.

Special Needs

If your child has special needs and would require further assistance to take part in our activities, please contact Sandra on 07765 394456 to assess whether your child can be accommodated. For a full copy of our terms and conditions please look on the website at www.the-worldoutside.co.uk.

Please remember to bring a packed lunch and enough refreshments for the duration of each activity. Due to the location and nature of the activities please wear sensible footwear and take adequate protection against the effects of sun, wet weather and biting insects.