Hedgehogs Woodland Adventures- Parental/Guardian Consent form

Please complete this form and bring it with you to the session.

Personal Details Of Child

Name…………………………………………………………………………….

Date of Birth…………………………………………………………………….

Contact name and telephone of parent/guardian:

Name……………………………………………………………………………………….

Address…………………………………………………………………………………………………………………………………………………………postcode…………………..

Daytime Tel. No…………………………… Evening Tel No……………………………..

Medical and Other Important Information

Does your child suffer from any illness, disabilities or allergies that may affect him/her when taking part in group activities? **yes/no**

Does your child have any specific dietary requirements/food allergies? **yes/no**

Does your child require the routine use of any medication? **yes/no**

If yes to any of the questions above, please give details and appropriate instructions.

(Please note that if a child needs medication during a session this will need to be self administered. We will use plasters unless requested otherwise. Please also indicate below if you do not want your child to access to these items.)

…………………………………………………………………………………………………

Consent Agreement

I undertake that my child will be adequately and safely equipped and clothed for the activities planned. I accept that he/she may not be allowed to take part if the leader considers it unsafe. All of the activities have been risk assessed by qualified professionals.

In the event of illness or accident, I authorise the recognised leader/supervising adult to sign on my behalf any written consent required by hospital authorities if the delay to obtain my signature is considered inadvisable by the health professional concerned.

Signed……………………………………………………………… Parent/Guardian

Date………………………………………………………………….

Publicity

I agreethat photos and videos of my children can be used for promotional purposes for Hedgehogs Woodland Adventures. I confirm that I am the parent/guardian and therefore give parental consent.

Signed …………………………………Print…………………………………....................

Date………………………………………