

Sedlescombe Church of England Primary School

Forest School Permission Slip

Child's Name:	
<input type="checkbox"/> I give permission for my child to attend Forest School Sessions delivered by Forest School Leaders.	
<input type="checkbox"/> I understand that my child will need suitable clothing and footwear as outlined in the Forest School Letter.	
<input type="checkbox"/> I give permission for my child to receive medical attention from qualified school staff and/or medical staff in an emergency. (The school will usually act in loco parentis until a parent is able to attend).	
I give permission for photos taken during Forest School sessions to be used in:	
<input type="checkbox"/> The school newsletter	
<input type="checkbox"/> The school prospectus	
<input type="checkbox"/> The school website	
Medical Information:	
Dietary Requirements:	
Medical Conditions and Medication:	
Allergies:	
Emergency Contact Details:	Emergency Contact Details:
Number:	Number:
Name:	Name:
Relationship:	Relationship:
Additional Comments:	
Name of parent/carer:	
Signature of parent/carer:	
Date:	