

## Forest School Medical Information Form: Child

### To be completed on behalf of ALL PARTICIPANTS

Child's Full Name	
Date of Birth	
Emergency Contact Name and relationship to child	
Home Address	
Phone Numbers	Home Work Mobile
Doctor	Address  Phone

### Has your child had any of the following?

Illness	Comment	Medication needed Please specify
Asthma/Bronchitis		
Sight/hearing difficulties		
Heart Condition		
Diabetes		
Epilepsy		
Allergies: e.g. pollen, nuts, materials		
Has your child ever been stung by a wasp or bee? If yes, describe the reaction		
Date of last Tetanus injection		

I do/do not consent to a member of staff administering an antihistamine if necessary.

I do/do not consent to a member of staff removing tics if they are found on my child.

I understand that I must inform the Forest School Leader to any changes in the above.

Signed:

Date: