



Find Your Wild

Find Your Wild after school club

PARENTAL CONSENT FORM

Name of child:			
Date of Birth:		Age:	
Name of Parent/Guardian			
Full Address:			
E-mail:			
Telephone:			
Emergency Contact Person:	1	Tel:	1
	2		2
Medical, Dietary or Special Needs? <i>If none, state 'None' or 'N/A'</i>			

Terms and Conditions Declaration: Please read carefully:

- Leader(s) in charge of young persons will be: Jo Twelvetrees (qualified primary school teacher; level 3 Forest School Leader)
- I understand photos may be taken during my child's attendance, which could be used in Find Your Wild's press releases, website blogs, social media, or in other displays and publicity.
- ***I DO / DO NOT wish photos to be taken of my child.*** (please circle)
- All information supplied on the Parental Consent & Medical forms is kept strictly confidential in accordance with The Data Protection Act 2018 and is only shared with professional bodies where deemed necessary (i.e. medical emergencies).
- Your email and Whatsapp will be added to our after school club mailing list so you can be notified of upcoming events or changes. You can ask to be removed at any time.
- The session and leaders are covered by public liability insurance for after school club activities and will make every effort to provide effective supervision and care for the young people taking part. However, I am aware that this only provides insurance cover against proven or agreed negligence by the organisers of the activity. I should consider making my own insurance arrangements for personal accident cover for my son / daughter if this does not suffice.
- I understand my child(ren) may use sharp tools, light fires, climb at height, run/play across rough terrain and woodland and engage in other risky play during their time at the after school club.

- I understand it is a condition of attendance that all children abide by the Fire Safety, Tool Safety and Behaviour Policy and I agree to support the leader in ensuring my child complies with these.
- I am able to arrange transport for my child to and from Dunsford Community Academy.
- I agree to inform Find Your Wild of any medical or special needs (including behavioral) that could impact my child's participation.
- I have read, fully understand and am satisfied with the details supplied about the above activity and agree to my son/daughter taking part in it. I know of no medical, dietary or special needs why he/she should not participate (please state in the required space above and on the Medical Form).
- I have read and understand Find Your Wild's after school club Terms and Conditions and understand I may have access to the Find Your Wild Handbook on request.

Signed **(parent/guardian)**

Print Name :.....

Relationship to child

Date.....