

Stanbridge Lower School



Forest School Parental Consent Form

Name of Child

Name of Parent:

I give permission for my child to take part in Forest School.

I understand that activities may include whittling using knives or potato peelers, foraging, climbing, craftwork, Pond dipping, mud splashing, shallow river paddling, den building, campfire cooking and other related activities.

I understand that some of the Forest School activities that my child will participate in involves risk taking and using tools (all risks will be assessed and children will be closely supervised by a trained adult).

I give my consent for the equipment and tools necessary for the activity to be used by the child mentioned above.

I understand that a strict code of practice for working with children will be followed and all activities will be risk assessed and I will be informed of any extra details of activities that are out of the ordinary pattern

I understand that my child will not be left unsupervised at any time.

I understand that we will go out in all weather conditions deemed safe by the Forest School teacher.

I understand the Forest School teacher will conduct regular risk assessments of the Forest School sites and the Forest School activities.

I understand the Forest School teacher will carry an appropriate first aid kit.

I understand school has an up to date Paediatric First Aid trained staff and trained first aiders on the school site

I understand that the adults leading and assisting Forest School sessions are fully qualified at Level 3 and 2 of the Forest association standard.

Please also be aware that Forest School leaders do a site sweep and clear any potential risks prior to the session, however there may be natural flora risks such as stinging nettles and hawthorn hedgerow. To limit this low level risk, please can you provide your child with **old long sleeved tops and bottoms** to protect their skin.

Emergencies

In an emergency, I understand that every effort will be made to contact me, but I consent to any medical treatment required

Signature of Parent

Date

