Forest School sessions at Stoke Gabriel Pre-School.

Personal record sheet.

Tel. no.

All information provided on this form is **confidential** and will only be seen by the Forest School Leader (Lisa Chell) and Pre-School staff working on the Forest School session.

Name:		
Address:		
	Postcode:	
Tel. Home:	Mobile:	
Email address:		
2. Children's details		
Child's name:	Date of birth:	
Address:		
	Postcode:	
Tel. Home:	Mobile:	
Email address:		
Child's name:	Date of birth:	
Child's name:	Date of birth:	
Child's name:	Date of birth:	
Child's name:	Date of birth:	
Cilità s name.	Date of birth.	
3. Emergency contacts		
Next of Kin	Other	
Name:	Name:	
Relationship:	Relationship:	
Tel. no.	Tel. no.	
4. Medical details		
GP name:		
Address:		
	Postcode:	

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Medical information

It is important that we have accurate medical information about all participants so we can deal with any incidents or emergencies quickly and appropriately.

Please complete the following if you wish to tell us about a medical condition or disability.

Does your child have a medical condition or disability we should be aware of? Please provide details (including medication).		
Is there any specific medical advice we need to follow in the case of an emergency?		
Is there any other relevant information you would like to share? e.g. Family history of		
known allergies, dietary or cultural requirements.		
Does your child have any fears or conditions which may affect their enjoyment of the		
woodland environment? (i.e response to cold/heat, spiders, getting dirty, concerns		
about water etc.)		