



Forest School Registration Form

This registration form must be completed and returned to the Forest School leader before WildPlay can accept your child. Please fill in a separate form for each child.

Child's details:

Child's full name:

My child likes to be called:

Date of Birth:

Address:

Postcode:

Gender/identity:

Religion (if any):

Languages spoken:

Does your child have any fears or phobias?

Photo Consent

I consent to WildPlay taking photographs of my child during WildPlay sessions for use in promotional material (social media and websites)

Yes ☐

No ☐

Medical form: Does your child have any medical conditions?

Illness	Comment	Medication needed Please specify
Asthma/Bronchitis		
Sight/hearing difficulties		
Heart condition		
Diabetes		
Epilepsy		
Allergies e.g. pollen, nuts, materials		
Have they ever been stung by a wasp or bee? If yes, describe the reaction		
Have they had a tetanus injection Approximate date		
Any other conditions		

Will your child require medication while at Forest School? YES ☐ NO ☐

If yes, you will need to fill out a medicine administration form and speak to the Leader.

Do you consent to the forest school leader administering lotions such as insect sting treatment, burns gel, sun tan lotion and savlon cream?

Yes ☐

No (please be specific) ☐

Do you consent to the forest school leader removing ticks from your children with a tick remover if needed?

Yes ☐

No ☐

Parent/ Guardian Details:

Parent/Guardian 1

Home telephone number:

Mobile number:

Email address:

Parent/Guardian 2

Home telephone number:

Mobile number:

Email address:

Doctor's Information:

Doctor's Name:

Address:

Telephone number:

Authorised collection:

Please write the names and contact numbers (if different to those listed above) of those who you authorise to collect your child in your absence.

1. Name:

2. Name

Relationship:

Relationship:

Tel. numbers:

Tel. numbers

I declare that this information is true and correct:

_____ (printed name)

_____ (signed name)

_____ date