



# Registration, Emergency Information and Medical History Form

Ofsted Number: 2739018

## REGISTRATION, EMERGENCY INFORMATION AND MEDICAL HISTORY FORM

Please complete this form and return to [a.breathoffreshair@yahoo.com](mailto:a.breathoffreshair@yahoo.com) before your child/ren attend the setting. Please complete one form per child.

Name of attendee:

Please print or type.

Attendees Date of Birth:

### Emergency Contact Information

Parent/Guardian name:

Address:

Emergency phone number:

Second Emergency Contact Name /Relationship to Child:

Second Emergency phone number:

Doctors Name and Surgery:

Doctors Phone Number:

### Medical Information

Details of any allergies or dietary requirements:

Conditions requiring special consideration (medical/physical):

**Epipen** Yes  No  **Inhaler** Yes  No

**ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

### Consent

I consent for my child to take part in outdoor Forest School type activities including the use of hand tools, fires. We will also cook on the campfire and children will be given the opportunity to try foraged foods and items from the garden. I am happy for my child to take part in these activities and for basic first aid treatment to be given as required by appropriately qualified members of staff.

Signed Parent/Guardian:

Print Parent/Guardian:

### Photo Consent

I give permission for photographs to be taken of my child and used for promotional purposes including social media, website and other forms of media.

**Photo Consent** Yes  No

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