Hedgehogs Woodland Adventures

Parental/Guardian Consent form

Please complete this form and bring it with you to the session.

Personal Details Of Child/Children

Name/s…………………………………………………………………………….

Date/s of Birth…………………………………………………………………….

Contact name and telephone of parent/guardian:

Name……………………………………………………………………………………….

Address…………………………………………………………………………………………………………………………………………………………postcode…………………..

Daytime Tel. No…………………………… Evening Tel No……………………………..

Medical and Other Important Information

Does your child suffer from any illness, disabilities or allergies that may affect him/her when taking part in group activities? **yes/no**

Does your child have any specific dietary requirements/food allergies? **yes/no**

Does your child require the routine use of any medication? **yes/no**

If yes to any of the questions above, please give details and appropriate instructions.

(Please note that if a child needs medication during a session this will need to be self administered. We will use plasters unless requested otherwise. Please also indicate below if you do not want your child to access to these items.)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Name of child’s doctor………………………………………………………………………

Address…………………………………………………………………………………………………………………………………………………..Tel no…………………………….

Date of last anti-tetanus injection…………………………………………………………..

**PTO**

Consent Agreement

I undertake that my child will be adequately and safely equipped and clothed for the activities planned. I accept that he/she may not be allowed to take part if the leader considers it unsafe.

In the event of illness or accident, I authorise the recognised leader/supervising adult to sign on my behalf any written consent required by hospital authorities if the delay to obtain my signature is considered inadvisable by the health professional concerned.

**Covid-19 social distancing and other safety measures**

**Please read and ensure that you talk to your child about the following safety measures in advance of the session, we will reiterate some of these before the session begins.**

* Regular hand washing/hand sanitising will be necessary
* Remain 2 metres apart from those who do not live in your household
* Sneeze/cough into your elbow then wash hands
* If visitors attending feel unwell prior to the session (temperature above 38 degrees, new continuous cough, loss of taste or smell) please do not attend
* If visitors attending become unwell (temperature above 38 degrees, new continuous cough, loss of taste or smell) during the session we will call you to collect, take home and seek medical advice
* If any visitors have recently been in contact (within the last 14 days) with anyone who has symptoms of or has tested positive for Coronavirus they MUST NOT attend
* If we need to administer first aid at close proximity to visitors we will wear a mask, gloves and an apron
* No spitting or intentionally coughing on any other visitor will be tolerated

Please acknowledge that you have read and understood all of the above including Covid-19 safety measures and that you have shared these with your child.

Signed……………………………………………………………… Parent/Guardian

Date………………………………………………………………….