

Kinda Summer Club Booking Form

August 10th

Add any extra information regarding your child's particular needs on the back of the form.
Please let us know in advance if your child has any requirements not covered in this form.

Please complete one form per child

Name of child: _____ Current age: _____

Home Address: _____

Name of parent/guardian/ emergency contact: _____

Phone no: _____ Email: _____

Home Address (if different from above): _____

MEDICAL INFORMATION

Does your child have known medical conditions/ diagnosis (including pending) / allergies /dietary requirements
YES/NO?

If YES, please give details: _____

Is your child currently prescribed medication? **YES/NO**

If YES please list _____

Date of last Tetanus injection (if known): _____

ACTIVITY CONSENT

I am aware that my child will be involved in potentially risky activities at Forest School (including risk-assessed tool use, climbing, pond-dipping, foraging edible & medicinal plants, campfire cooking and going for walks of the site with staff) to which I give my consent. **YES/NO**

In the event of an injury, I give consent for my child to be given first aid (please inform us if your child is allergic to plasters). **YES/NO**

In the event of an emergency, I authorise Forest School Leaders to share the above information and consent on my behalf to any medical treatment prescribed by a qualified doctor/ paramedic. **YES/NO**

Parent/ guardian name (Print): _____ Signature _____

TOILETING CONSENT: There is a composting toilet on site.

I give consent for the Kinda Forest school facilitators to help my child with toileting if needs be.

Parent/ guardian name (Print): _____ Signature _____

Child's Name:

PHOTO AND VIDEO CONSENT

We would be grateful for permission to take photos of your child so we can use the images in publicity. Kinda Education are creating a new model for education and recording the journey with film and photos.

Please delete below as appropriate.

I grant /do not grant Kinda Forest School permission to take photographs and / or video of my child

I grant / do not grant Kinda Forest School full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use these images in their printed and online publicity, social media, press releases and funding applications.

Parent/ guardian name (Print): _____ Signature _____

SAFEGUARDING

I have read the ([Kinda Forest School - Child Safeguarding Policy and Privacy Notice](#))

Safeguarding Leads are Mell Harrison and Pauline Midwinter (DSL)

Parent/ guardian name (Print): _____ Signature _____

CONTACT

Please tell us how you heard about us _____

And how you contacted us _____ Facebook/email/website/telephone

Thank you!