**Dragonfire Outdoor Learning**

***the woodland…. alive for learning***



**Forest School Medical Information Form**

|  |  |
| --- | --- |
| **Child’s full Name** |  |

**Has your child ever had any of the following?**

|  |  |  |
| --- | --- | --- |
| Condition | **Comment** | **Medication needed**  **please specify** |
| **Asthma/Bronchitis** |  |  |
| **Sight/hearing difficulties** |  |  |
| **Heart condition** |  |  |
| **Diabetes** |  |  |
| **Epilepsy** |  |  |
| **Allergies: e.g. pollen, nuts, materials** |  |  |
| **Has your child ever been stung by a wasp or bee? If yes, describe the reaction.** |  |  |
| **Date of last Tetanus injection** |  |  |
| **Any other medical issues we should be aware of.** |  |  |

**Signed: Date**

**Forest School – Academic Year 2019/2020**

*Please return this slip by Wednesday 17th September*

My child ……………………………..…………………….. **is** / **is not** able to drink the hot chocolate or eat the biscuit provided by school. I will supply my own biscuit and drink for my child.

Signed: ……………………………………….……………. *Parent/Guardian*