**Wigwam’s Registration Form**

**1 Marden Way**

**Petersfield**

**GU31 4PW**

07950 887901

Emergency contact: [01730 892126](https://www.google.co.uk/search?client=safari&rls=en&q=rake+ce+primary+school+telephone&ie=UTF-8&oe=UTF-8&gfe_rd=cr&dcr=0&ei=juCyWvS7Me7v8AeLsbaICQ)

**[Wigwamforest@gmail.com](mailto:Wigwamforest@gmail.com)**

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s first name(s) |  | Surname |  |
| Child’s full address |  | | |

|  |  |  |
| --- | --- | --- |
| Date of birth |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family details** | | | | | | |
| Name of parent(s)/carer(s) with whom the child lives: | |  | | | | |
|  | | | | | | |
| *Contact details 1 (including emergency information):* | | | | | | |
| Parent/carer full name |  | | | | | |
| Relationship to child |  | | | | | |
| Daytime/work telephone |  | | | Mobile | |  |
| Home telephone |  | | Email | |  | |
| Home address |  | | | | | |
| Work address |  | | | | | |
| Does this parent have parental responsibility for the child? Yes □ No □ | | | | | | |
| *Contact details 2 (including emergency information):* | | | | | | |
| Parent/carer full name |  | | | | | |
| Relationship to child |  | | | | | |
| Daytime/work telephone |  | | | Mobile | |  |
| Home telephone |  | | Email | |  | |

|  |  |
| --- | --- |
| Home address |  |
| Work address |  |

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| --- |
| Does your child have any on-going medical conditions? If so, please specify: |
|  |
| Does your child require a health care plan? Yes □ No □   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Are any of the following in place for your child? | | | | | | SEN action plan |  |  |  |  | | Education, Health and Care Plan |  |  |  |  | | What special support will he/she require at Forest School? | | | | | |  | | | | | | |  | | --- | | Is your child known to have any allergies or intolerances? Or special dietary requirements? If so, please  specify: | | *A risk assessment will be completed and kept on the child’s file for any known allergies/food intolerance and medical requirements as mentioned above.*  **Forest School Permission**  We operate Forest Schooling activities led by Early Years professionals working towards their Forest School Level Three practitioner’s qualification. These activities incorporate an element of risk, that may be above those encountered in normal everyday life. I understand that Wigwam Forest School staff assess and manage risk, however risk cannot be eliminated from Forest School activities without rendering them pointless. I am aware that these activities include the use of tools, fires and tree climbing. I confirm that I am aware that Wigwam Forest School have policies and procedures in place for Forest School Safety and that these are available on the website.   |  | | --- | | I give permission for my child to participate in Forest School Activities | | | | | | | |

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| --- | --- | --- | --- |
| Signed |  | Date |  |

**Data protection**

I agree to Wigwam Forest School collecting personal data about myself and my child, storing and sharing it with other professionals or agencies under their obligations to Human Rights law and the General Data Protection Regulations 2018 as outlined in Wigwam Forest Schools Term’s and Conditions, Information Sharing and Privacy Notice. This data will be stored in accordance with Wigwam Forest Schools Privacy Policy.

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| --- | --- | --- | --- |
| Signed |  | Date |  |

**Photographs**

For training, publicity and marketing purposes, we regularly take photographs and videos of the children during their play. Only cameras supplied by Wigwam Forest School are used for this purpose, photographs taken are used for marketing including; local newspapers, national newspapers, online media and blogs in accordance with Wigwam Forest Schools Data Protection Policy.

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| Signed |  | Date |  |

**Emergency Treatment**

In the event of an accident or emergency involving my child I give permission for the qualified first aider to administer first aid. I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by a member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence including the use of anesthetic and/or blood transfusions. I have informed Wigwam Forest School of all medical conditions and treatments that my child requires and agree that I will notify Wigwam Forest School of any changes to this

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| --- | --- | --- | --- |
| Signed |  | Date |  |

*For inhalers/auto-injectors (e.g. Epipens) only*

I give permission for a named member of staff who has been appropriately trained to support the administration of an Epipen/inhaler supplied by me

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| --- | --- | --- | --- |
| Signed |  | Date |  |

*Anthihistamine*

|  |  |  |  |
| --- | --- | --- | --- |
| I give permission for staff to administer antihistamines if deemed appropriate | | | |
| Signed | |  | Date |  |
| I give permission for staff to remove ticks or splinters as necessary | | | | |
| Signed | |  | Date |  |

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| --- |
| I understand it is my responsibility to ensure my child is wearing a hypoallergenic sun cream and the correct kit as laid out in Wigwam Forest Schools kit list when attending Forest School sessions |

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| Signed |  | Date |  |

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| **Policies and procedures**  Wigwam Forest School policies and procedures are available for parents to view and download from our website www.wigwamforest.weebly.com. | | | | | |
| Signed |  | | | Date |  |
| Printed name | |  | | | |
| Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise. | | | | | |
| Parent name | | |  | | |
| Signed |  | | | Date |  |