

FLOURISH @ THE FARM 2019

Activity Consent Form (including Medical)

PLEASE PRINT OFF AND FILL IN. BRING THIS FORM TO 1ST DAY OF ATTENDANCE OR SCAN/TAKE A PICTURE AND SEND TO BEN@THEFARMSTRATFORD.CO.UK. IT WILL OF COURSE BE KEPT SECURE AND CONFIDENTIAL. THANK YOU IN ADVANCE

No student will be able to take part in any activity unless this form is signed by their parent or guardian. This form will be kept private and confidential and only Flourish Activity Leaders will have access. All Leaders will be informed of medical conditions of all attending children for their own safety.

Permission is granted for:

(Name of Student) PLEASE PRINT

By signing below you are allowing your child to take part in all activities at Flourish @ The Farm. You understand that activities are all risk assessed and are led by DBS checked, professional staff. You understand that certain activities involve using tools and are physical in nature (running, tree climbing etc.) and although the utmost care and attention will be given by Activity Leaders, accidents can happen. We will always ensure your child's safety is the most important aspect of any activity and all the correct safety protocols (recorded in risk assessments) will be followed. Please make sure you read our privacy policy available on our website www.flourishatthefarm.co.uk as well as our terms and conditions before signing. We hold the right to withdraw a child from any activity if the leader deems their safety is in question as a result of their behaviour, or for any relevant medical reason. **Please remember its your responsibility to inform us of any changes to information you provide on this form.**

Signed _____ Print name _____ Date _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone No: _____

Emergency Phone No: _____

Additional information to be aware of:

- Members of the public will be onsite at The Farm but all children will be accompanied / supervised by the Activity Leader at all times.
- Toilets are public and used by other visitors to The Farm.
- All personal items will be safely stored but we take no responsibility for loss/damage to personal property.
- **No phones or electronic gadgets please.**

What your child will need to bring:

- Packed lunch (lunch can be purchased from the café)
- Wellies (or extra old trainers)
- Waterproof jacket
- Hat and gloves if cold
- Sun cream if the weather is warm and sunny.

FLOURISH @ THE FARM ACTIVITIES ARE PROVIDED BY KRUIZE EDUCATION CONSULTANCY LTD

Medical Information and Consent

Please provide the information requested below as we may need this in the event of an emergency. For your information, The Farm will always have a first aider on site but we will always take precaution and by signing this form you consent to us calling the emergency services if deemed necessary.

Student's Name: _____.

Student's Date of Birth _____

Allergies: (including any known **FOOD ALLERGIES**)

Conditions requiring special consideration (medical/physical):

Does your student require: (A) **Epipen** Yes ☐ No ☐ (B) **Inhaler** Yes ☐ No ☐ (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

You must give any instructions to the activity leader at drop off for the administration of any medication.

You must also sign below to give your permission for the leader to administer the instructed dosage or administer an epipen if required. You understand that we take no responsibility for any incorrect information given to us by yourself or indeed the medication provided (please check expiry dates):

Signature: _____ Relationship to student: _____

Type of medication: _____ Time to administer: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

PARENT/GUARDIAN Signature: _____

Animal contact consent. By signing below I agree to my child coming in to contact with animals. (This will always be supervised with suitable instruction given to all).

PARENT/GUARDIAN Signature: _____

Please complete, print off and bring this form on the first day of the camp or email the completed form to

ben@thefarmstratford.co.uk