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| FLOURISH @ THE FARM consent form (including medical) |
| pERMISSION FORM |
| 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 PRINTBy 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 lead 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 upmost care and attention will be given by activity leaders, accidents do 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 caused by their behavior, or relevant medical reasonSigned:………………………………………………Print name:…………………………………………………………… Email address:…………………………………………………………………………………………………………………...We would love to send you the occasional email update on offers and events with Flourish. We will never pass on any details and they are all kept safe. Please fill in your email above if you are happy to receive an occasional email. |
| PARENT/GUARDIAN INFORMATION: |
| Parent/Guardian Name:  |
| Address:  |
| Phone #:  | Emergency Phone #:  |
| Please provide the information requested below as we made need this in the case of an emergency. For your information, The Farm we have will always have a first aider onsite, but we will always take precaution and by signing this form you consent to us calling the emergency services.Student’s Date of Birth |
| 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 instructions to the activity leader at drop off for the administration of any medication. You must also sign to give your permission for the leader to administer the instructed dosage or administer an epipen if required. You understand we take no responsibility for any incorrect information given to us by yourself or indeed the medication provided (please check expiry dates): |
| Signed: | Relationship to student:  |
|  |  |   |
| Type of medication:  | Time to administer: |
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| **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 SIGN:………………………………………………………………………………………….**Animal consent. By signing below, I agree to my child coming in to contact with animals. This will always be supervised with instruction given to all. **You must make us aware of any allergies (included above medical information)****PARENT/GUARDIAN SIGN:……………………………………………………………………………………….**Photography consent. I give permission for photos to be used on the Flourish website**. No names will ever be attached to any picture!****PARENT/GUARDIAN SIGN:……………………………………………………………………………………….**Extra information to be aware of:* Members of the public will be onsite, but all children will be accompanied/ supervised by the activity leader at all times.
* Toilets are used by all members of the public.
* 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 for when the weather is warm.

**COVID-19 EXTRA DISCLAIMER****Please sign below to confirm you have read the COVID-19 ‘protocol and procedures’ we have sent you. There are some rules and regulation we ask you to adhere to, in order to help create the safest and cleanest environment possible for all attending children. We can of course not guarantee a COVID free environment and if there are any signs/symptoms shown my anyone you must not attend and inform us immediately. We cannot be held accountable for any exposure to COVID. You can find more information on our COVID dedicated page on our website.****PARENT/GUARDIAN SIGN:……………………………………………………………………………………….****Please print off and bring on the first day of the camp or email the completed form back to ben@flourishatthefarm.co.uk** |