



Farm School – Medical/Consent Form

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EXPLORE INSPIRE RESET DEVELOP

Name of Child:			
Date of Birth:		Age:	
Address:			
Parent/Guardian:			
Contacts in case of an emergency:	Home:		
	Work:		
	Mobile:		
	Alternative person:		

I consent to any emergency medical treatment necessary during the course of the visit/day/course.	Yes <input type="radio"/>
	No <input type="radio"/>
Are there any medical condition or allergy we should know about? (eg: asthma, material, food, insect bites etc)	Yes <input type="radio"/>
	No <input type="radio"/>
If yes, please give detail and treatment required:	
Has your child received a vaccination against Tetanus in the last five years?	Yes <input type="radio"/>
	No <input type="radio"/>
Name, address and telephone number of child's doctor:	

Do you feel that your child requires any additional support?	Yes <input type="radio"/>
	No <input type="radio"/>
If yes, please give detail:	
Do you, and your child, give permission for photos to be taken of them? Please consider these may be used for South Brockwells Farm and/or school publicity, social media, website & any other publicity. They will be kept for a maximum of 2 years (and can be deleted sooner if requested).	Yes <input type="radio"/>
	No <input type="radio"/>

Do you give permission for us to retain your information on our database?
(This allows us to keep you up to date with our latest news and upcoming courses. Your information will be stored securely & confidentially, and never shared with third parties. It will be kept until you ask us to remove it, which you can do at any time with a phone call or email).

Yes

No

Please read carefully:

I give permission for my child to take part in a South Brockwells Farm activity.

I have ensured that they understand that it is important for their safety and for the safety of others that any rules and instructions given by the staff are adhered to.

I understand that, while the South Brockwells Farm staff in charge of the group will take all reasonable care of the young people, they cannot be held responsible for any loss, damage or injury suffered by my child, unless they are negligent.

Signed (Parent/Guardian):

Date:

