



THE FOREST SCHOOL GARDENING CONSENT

I give permission for:-

Pupil Name _____

to take part in gardening activities.

Please advise if your child has received a tetanus injection, and if so when.

YES/NO (please delete as appropriate)

WHEN _____

Please advise if your child has any allergies.

YES/NO (please delete as appropriate)

If YES please give details _____

Signed:- _____ (Parent/Carer)