

# Batheaston Church School

Bath and Wells M.A.T, School Lane, Northend, Bath, BA1 7EP

*"That they may have life, life in all its fullness"*



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Dream...Aspire...Achieve

## Batheaston Outdoor Learning Permission Form

Name of Child: \_\_\_\_\_

Class: \_\_\_\_\_

I agree to my child taking part in Outdoor Learning activities at regular intervals. Sessions will be led by a qualified School Leader.

Please tick to indicate your understanding and agreement

<input type="checkbox"/>	I understand that my child will, at an appropriate level, have opportunities to work with hand tools and camp fire cooking such as making damper bread, popcorn, toasting bread and marshmallows through the course of their Outdoor Learning Schoolwork.
<input type="checkbox"/>	I understand that the school will aim to meet groups of adult-child ratios of 1:8 and in order to do this may require regular parent/volunteer support.
<input type="checkbox"/>	I would be happy to help as a parent volunteer at some sessions.
<input type="checkbox"/>	I agree to my child being photographed during Outdoor Learning activities for the school's own use e.g website and displays.

### Medical Information

<input type="checkbox"/>	I confirm that the medical information I have supplied to the school is up to date.
<input type="checkbox"/>	My child needs an inhaler and I will ensure it is in school in the Class Box.
<input type="checkbox"/>	My child has never been stung by a wasp or a bee.
<input type="checkbox"/>	My child has been stung by a wasp/bee and made a normal recovery.
<input type="checkbox"/>	My child has been stung by a wasp/bee and had an allergic reaction. (if ticked we will contact you for further information)

**My child has the following food allergies/allergies:**

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Signed \_\_\_\_\_

Parent/Carer \_\_\_\_\_

Name of Parent/Carer (PRINT) \_\_\_\_\_

Date \_\_\_\_\_