

## **Permission form**

Name of Child \_\_\_\_\_ Year group \_\_\_\_\_

I agree to my child taking part in Gardening Club activities and understand sessions will be led by parent volunteers.

I understand that my child will, at an appropriate level, have opportunities to work with hand tools during Gardening Club.

I understand that my child will work in groups containing adult-child ratios of at least 1:7 during Gardening Club with the age range spanning the whole school.

I agree to my child being photographed during Gardening Club activities for my child's or the school's own use.

### *Medical Information*

I confirm that the medical information I have supplied to the school is up-to date.

*As an additional precaution, we are required to ask you in more detail about allergies and insect stings. Please tick the appropriate box(es):*

- My child has never been stung by a wasp/bee
- My child has been stung by a wasp/bee and made a normal recovery
- My child has been stung by a wasp/bee and had an allergic reaction

*If you ticked the final box, we will get in touch with you to get further information.*

My child has the following food/gardening related (ie Hayfever/Strawberries) allergy/allergies:

\_\_\_\_\_

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

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

Date \_\_\_\_\_

If you'd like your child to attend gardening club then please return this form to the office before Friday 9th of February 2018

Names of children joining gardening club in this first half term will be pulled out of a hat and parents notified by 20th February 2018