



Newton Tony C of E VC Primary School
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Wiltshire
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Head Teacher: Miss S Priestley BEd MAEd
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11th March 2024

WILDERNESS WARRIOR CONSENT FORM

Name of Child: _____ **Class:** _____

- I agree to my child taking part in Learning Outside the Classroom (LOC) activities that will be led by a qualified Session Leader.
- I understand that my child will, at an appropriate level, have opportunities to work with hand tools and small fires through the course of the LOC sessions.
- I agree/disagree to my child being photographed during Wilderness Warrior activities for my child's or the school's 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 allergy/allergies/medical conditions:

Any other information you feel we should know:

Name of Parent/Carer: _____

Signed: _____

Yours sincerely,
Mrs Clarke
Mrs Clarke – Forest School Lead

