

Witton Church Walk CE Primary School
Church Walk, off Chester Way,
Northwich,
Cheshire,
CW9 5QQ

Tel: 01606 288128



*'Where Every Door is Opened
and Every Gift Unlocked'*

Head teacher: Mrs K Magiera
E-mail: head@wittonwalk.cheshire.sch.uk

11th May 2017

Dear Parent/carer

Over the last few years our year six children have taken part in a forest school course over the summer term. This is something that the children have really enjoyed doing in the past and it forms a vital part of the children's learning outside the classroom.

A couple of years ago we embarked upon setting up our own forest school on site with fully trained staff and resources funded by the school and the PTA. We are very excited about the learning opportunity that this provides and the positive impact that it has on the children. The six week course is due to start on the week beginning the 16th May. The children will be split into three groups of thirteen, with each group taking three days to complete the course.

Over the course we will be learning about the outdoor environment and how we can have a positive impact whilst working in it. We will look at how to identify trees and plants and the various uses some of these have. The children will learn how to set a fire safely, keep it burning and use it to cook on. All fires are kept under strict adult supervision! We will also learn how to use a variety of tools correctly and safely as well as how to look after them and maintain them. The tools we will be using include potato peelers, sheath knives, bow saws, mallets, long arm loppers, secateurs and small axes. Tool skills are taught progressively and on a one to one basis. They are used in a designated tool area and always under close adult supervision. We will be learning a variety of knots and using them to help construct shelters and to make woodland craft items such as dream catchers and small weaving projects. As well as all the skills that will be taught, the children will have free time to use the forest school area under supervision.

The children will need to wear clothing that they can get dirty and that is appropriate for the weather conditions on each day. It doesn't have to be waterproof, but bear in mind that we will be going outside even if it is raining. Footwear should be sturdy and suitable for muddy ground.

This is a free course which has been funded by the school and the PTA with other organisations within the wider community providing many of the resources for us to use.



In order for your child to take part in the forest school sessions we would ask that you complete the attached medical information and permission and return it to us by Monday 15th May.

If you have any questions about the forest school and the work we will be doing with the children, I will be more than happy to answer any questions people may have.

Kind regards

Mr Green

FOREST SCHOOL COURSE, SUMMER 2017

I give permission for my child _____
to take part in the six week forest school course.

I also understand the need for my child to act responsible at all times and agree and follow the protocols and safety code.

I understand that if they do not follow this and they put themselves or others in danger then they will not complete the course.

Name of Parent/carer: _____

Signed by parent/carer: _____

Date: _____



**PARENT/GUARDIAN CONSENT FOR
FOREST SCHOOL, SUMMER 2017**

I agree to _____(child's name taking part in this Forest School)

I have read the information sheet I agree to _____'s participation in the activities described.

I acknowledge the need for _____ to behave responsibly throughout the visit.

1. Medical information about your child

a) Please outline any food or other allergies and special dietary requirements of your child:

b) Any recent illness or accident staff should be aware of?

c) The type of pain/flu relief medication your child may be given if necessary:

d) Is your son/daughter allergic to any medication?
If YES, please specify:

YES/NO

e) When did your son/daughter last have a tetanus injection:

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.



Contact telephone numbers:

Name: _____

Work: _____ Home: _____

Home address: _____

Email address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Email address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

As part of the activities your son/daughter/ward are involved in Cheshire County Council may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way **YES/NO**

In the event of a minor burn, I give my permission for the use of burns gel to be applied by a qualified first aider. **YES/NO**

Signed: _____ Date: _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT.

