## Nursery Class

## Outdoor Learning Parental Consent Letter

Dear Parent/Guardian

Your child is being offered the opportunity to take part in a range of outdoor activities throughout the year.

These sessions will be based in xxx Woods. It will take place on a weekly/fortnightly basis. There will be a maximum of 10 children with three members of staff/adults. To enable the children to participate with these exciting outdoor experiences we would require parents/carers to drop off and collect at xxxxxxx. Staff will meet you there and we will spend our whole session in the woodland site. OR Children will access this area during their normal session.

The activities will vary but may include:

* Shelter building
* Walking/climbing
* Nature hunts
* Natural Play

Please ensure that your child:

* Is dressed in suitable/old trousers and jackets. Clothing is likely to get wet and muddy.
* Is wearing appropriate warm clothing, including, hats, gloves, scarves.
* Is wearing wellingtons boots or waterproof boots
* Has been to the toilet before coming to the woods. Should your child need the toilet when they are in the woods a member of staff will take them to discrete place in the woods.

Whilst out of nursery your child will be under the supervision of Nursery Staff. All Falkirk Council school policies and procedures will be adhered to.

We hope that you will agree to your child taking part in these sessions and ask that you complete the attached parental consent form. If you have any questions concerning this please get in touch.

Yours sincerely,

##  Nursery Class

### **Woodland Visits Consent Form**

### **Please complete the form below and return it to your child’s keyworker**

I agree to my child taking part in the outdoor activity sessions being organised by the nursery.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please detail any relevant information/ medical conditions that the staff should be aware of.