

Emergency Treatment Form

Child's First Name Last Name

DOB Male Female

School Attended Phone :

Child's Medical Number

Doctor's Name

Doctor's Address

.....Post Code

Doctor's Telephone Number

Any relevant medical information i.e. allergies, medical history etc.

.....
.....

Parent/Carer Name

Address

.....

.....Post Code

Emergency Contact Number(s)

I hereby authorise the Playcente Manager or delegated member of staff to accompany my child to hospital in the event of a serious incident or illness occurring whilst they are at Breakfast Club or Playcentre. **AGREE/DISAGREE**

I consent to my child receiving emergency medical treatment, if required, before I arrive. **AGREE/DISAGREE**

I understand that this authorisation will remain valid unless I withdraw it. **AGREE/DISAGREE**

Parent/Carer (print name)

Parent/Carer Signature Date

