

## **Emergency Medical Treatment Form**

Child's Name:

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Date of Birth:

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Doctor's Name:

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Doctor's Address:

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Doctor's Telephone Number:

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Any other relevant medical information (ie: Allergies, family medical history etc):

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Parents/Carers Name:

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Address:

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Emergency Contact Number:

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Child's Medical Number:

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*Olveston Out of School Club*

*Cath Purchase, Helen Day*

In the event that my child is involved in a serious incident while at the club, I expect the Manager, or a delegated member of staff, to contact me immediately on the above emergency contact number.

In the event that my child requires immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

Signature of Parent/Carer:

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Date:

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