The Hummingbird's Out of School Club

Emergency Medical Treatment Form

Child's Name:

Date of Birth:

Doctor's Name:

Doctor's Address:

Doctor's Telephone Number:

Any other relevant medical information (i.e. allergies, family medical history etc):

Parent's name:

Parent's Address:

Emergency Contact Number:

Child's NHS Number:

In the event that my child is involved in a serious incident while at the club, I expect the Supervisor, 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 am able to get to the hospital, I hereby authorise the Supervisor, or a delegated member of staff, to consent to emergency medical treatment and advice on my behalf. I understand that this authorisation will remain valid unless I contact the Supervisor to withdraw it.

Signature of parent/carer:

Date: