

The Hummingbirds Out of School Club

Emergency Medical Treatment Form

Child's Name

Date of Birth

Doctors Name

Doctors Address

Doctors Telephone number

Any other relevant medical information on child (i.e. Allergies, family medical history etc)

Parent's name

Parents Address

Emergency Contact Number

Childs Medical 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 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 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