



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 (ie: Allergies, family medical history etc):

Parents/Carers Name:

Address:

Emergency Contact Number:

Child's 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 supervisor, 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 supervisor or delegated member of staff to withdraw it.

Signature of Parent/Carer:

Date:
