

WE ARE UPDATING OUR SCHOOL RECORDS TO ENSURE ALL RELEVANT INFORMATION IS AVAILABLE AND ACCURATE IN CASE OF EMERGENCIES . PLEASE COMPLETE AND RETURN ASAP

HAYLANDS PRE-SCHOOL

01305 822625

CONSENT FORM – ADVICE/ TREATMENT FROM DOCTOR/AMBULANCE/HOSPITAL. IN CASE OF EMERGENCIES IN PARENT/CARER ABSENCE

Childs full name.....

Childs date of birth.....

Childs address.....

.....

Childs Doctor.....

Phone number.....

Address

.....

Allergies.....

Medication.....

I (parent/carer) give my permission for..... (child) to receive advice or treatment from Doctor/hospital/ambulance in my absence in an emergency.

Signature..... print.....

PLEASE WRITE DOWN AS MANY CONTACT NUMBERS AS POSSIBLE

Home.....

Mum mobile.....

Dad mobile.....

Mum work.....

Dad work.....

Grandparents.....

Neighbour/friend.....