

Cringleford Crackerjacks Pre-school
First Aid and Emergency Treatment Parental Consent Form

In order to ensure that in an emergency situation we can respond promptly we need your permission to carry out first aid, seek medical advice, to take your child to hospital or for him/her to receive treatment.

In an emergency situation a member of staff will always contact you immediately.

Please complete this form to ensure that we are able to respond appropriately in the unlikely event that an emergency situation arises and return it to Crackerjacks as soon as possible.

I give consent for emergency medical advice or treatment to be sought for my son/daughter:

_____ (child's full name)

Signed: _____

Name: _____ (parent/carer's full name)

Date: _____

I give consent for staff to take my son/daughter:

_____ (child's full name)

to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I will be informed and on my way to hospital.

Signed: _____

Name: _____ (parent/carer's full name)

Date: _____

It is very important in an emergency situation that we are able to make contact with you. Please ensure we have up to date contact details for your child.

Please give your name and number and that of one further responsible adult that we may telephone in an emergency situation:

1) Name: _____ telephone number: _____

2) Name: _____ telephone number: _____