

Village End - Medical Consent Form



This form should be completed by a parent/guardian before your child can attend Village End. One form should be completed for each child. This consent is required before Emergency Services can treat your child and should accompany them to hospital in the event of a medical emergency.

Name of Child:

Date of Birth:

Address:

Post Code:

Telephone Number:

Child's School: *(if applicable)*

Emergency Contact: *(parent or guardian)*

Address: *(if different to above)*

Post Code:

Telephone Number: *(if different to above)*

Name of Doctor:

Doctor's Address:

Doctor's Telephone No:

Child's Medical Number *(if known)*:

Any specific medical conditions requiring medical treatment or medication
(If yes, please ask the manager for a Health Care Plan)

Does your Child have any Allergies? (Please ask the manager for an Allergy Management Plan):

Does your child have any blood-borne viruses (e.g. Hepatitis, HIV) Yes/No? If Yes, give details:

Has your child or any other member of your family had contact with contagious or infectious diseases within the last few years? Yes/No If Yes, please give details:

Other important information

Please provide any special dietary requirements:

Please provide any other important information regarding the general well-being of your child e.g. any emotional, behavioural or special needs:

I, being parent/guardian of the above named child hereby give permission for:

- 1) Village End staff to carryout first aid treatment and seek medical advice if required.
- 2) For the Business Owner/Manager or Supervisor to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Name:.....

Date:

Signature: