

# BB WRAP Club Emergency Medical Treatment Form

Child's name

Date of Birth

Doctor's Name

Doctor's Address

Doctor's Tel No

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

Parent/Carers Name

Address

Emergency Contact Telephone Numbers

Child's NHS Number

In the event that the child is involved in a serious incident whilst at the club, I expected the Manager, or a delegated member of staff, to contact me immediately on the above emergency contact number.

In the event that my child requires emergency medical treatment before I will be able to get to the hospital I hereby authorise the Manager, or delegate member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

Signature of Parent/Carer

Date