

**Burrowmoor Out of School Club
Emergency Medical Treatment Form**

Child's Name: _____

Date of Birth: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Telephone Number: _____

Parents/Carers Name: _____

Address: _____

Emergency Contact Number: _____

Child's Medical Number: _____

Any other relevant medical information

Allergies or Major Dislikes: _____

Medical Problems or additional needs: _____

Dietary Requirements: _____

Other information: _____

In the event that my child is involved in a serious incident while at the club, I expect the Out of School Club Leader, 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 Out of School Club Leader, 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 Out of School Club Leader in writing to withdraw it.

Signature of Parent/Carer: _____

Date: _____