



## Emergency Medical Treatment Declaration and Consent

### Name of Child:

I agree to the person in charge of the setting (manager for deputy) taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the setting or whilst my child is on an authorised outing.

I understand the person in charge (manager or deputy) will make every effort to inform me of any emergency or accident as soon as possible after the event but accept that in my absence they may have to seek emergency medical treatment, which may include taking the child to their GP, the hospital or calling an ambulance and an appropriate adult accompanying my child to the hospital in the case of a serious accident or emergency.

In the event that I can still not be contacted and my child requires emergency treatment, I give my permission for the appropriate adult to authorize medical staff to administer essential treatment until my arrival.

Signed:

Date:

Print:

Relationship to child:

If you do not agree with any or all of the above declaration please do not sign it but make your views known in the space below. The Manager will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the above declaration and would prefer the following procedure to be followed for my child in the event of an accident or emergency.

Signed:

Date:

Print:

Relationship to child: