



Sunrise Breakfast Club and Sunset After School Club

CONSENT FORM

EMERGENCY MEDICAL NEEDS

Child's Name:

In the event that my child is involved in a serious accident I expect to be contacted immediately via the telephone numbers I have given.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Child's name:

Signed: Date:
(parent/carer)

Print name: