

Kingfisher Club



Thorndown Primary School Breakfast, After School and Holiday Club

Emergency Medical Treatment Form

Child's Full Name	
Date of Birth	
Gender	
Child's NHS Number	
Languages Spoken	
Home address	

Emergency Contact Details

Emergency Contact Name	
Telephone number	
Mobile Number	
Daytime contact number	
Other emergency contact details	

Medical Details

Doctor's Name	
Doctor's address and telephone number	

Details of any significant health issues. including any Special educational needs and/or physical disabilities	
Details of any special dietary requirements, allergies	
Any other relevant medical information (ie allergies, family medical history etc)	

In the event that my child is involved in a serious incident whilst at the club, I expect 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 immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the Manager, or 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 Manager, in writing, to withdraw it.

Signature of person with parental responsibility:

Date: