

T.C.P. PRE/AFTER SCHOOL CLUB

HESKETH LANE, TARLETON, NR PRESTON PR4 6AT

TEL 0781649355

OFSTED NO: 309712

PRIOR CONSENT TO EMERGENCY TREATMENT

NAME OF CHILD _____

In the event of a serious accident or illness, the parent/carer will be contacted immediately along with a medical professional and the appropriate action taken. This may include the child being taken to hospital.

In the unlikely event of the parent/carer not being available the Co-ordinator will assume responsibility.

Do you give consent to T.C.P After School Club staff to take or accompany your child to hospital in the event of an emergency?

YES

NO

Print Name _____ Signed _____

Date _____

Child's name _____

Relationship to child _____

If medication or treatment is required and you cannot be contacted, do you give permission for the co-ordinator to give consent to emergency treatment at the hospital?

YES

NO

Print name _____ Signed _____

Date _____

Child's name _____

Relationship to child _____.