



Otters Childcare

Emergency Medical Treatment Permission Form

Child's Name:

I consent to any emergency medical treatment necessary during the running of the club.

I authorise the Playcare staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

YES

NO

Signed.....

Print Name.....Relationship to child.....

Date.....

This form is to be taken to the hospital / doctors surgery in the case of emergency treatment being required.

Parents may at any time withdraw this consent.