

WE ARE UPDATING THESE FOR THE START OF THE SCHOOL YEAR, PLEASE COMPLETE AND RETURN ASAP

HAYLANDS PRE-SCHOOL

Tel No 01305 822625

CONSENT FORM - ADVICE/TREATMENT FROM DOCTOR/AMBULANCE/HOSPITAL. IN CASE OF EMERGENCIES IN PARENT/CARERS ABSENCE.

Childs full name.....

Childs Date of birth.....

Childs Address.....

.....

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Childs Doctor.....

Phone number.....

Address.....

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Allergies.....

Medication.....

I (PARENT/CARER) GIVE MY PERMISSION FOR (CHILD) TO RECEIVE ADVICE OR TREATMENT FROM DOCTOR/HOSPITAL/AMBULANCE IN MY ABSENCE IN AN EMERGENCY.

Signature..... Print.....

PLEASE WRITE DOWN AS MANY CONTACT NUMBERS AS POSSIBLE.

Home.....

Mum mobile.....

Dad mobile.....

Mum work

Dad work

Grandparents...../.....

Neighbour.....