



The Club House @ TCP

Emergency Medical Treatment Form

Child's Name

Date of Birth

Home Address

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Postcode:

Details of any medical illnesses, allergies or disabilities

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Details of any medication taken regularly

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Emergency Contact Names and Numbers

1. Tel No

2. Tel No

3. Tel No

4. Tel No

I give permission for a member of staff to administer appropriate first aid if required.

I agree to my child being given any emergency treatment deemed necessary whilst in the care of The Club House @ TCP Staff.

I understand that every effort will be made to contact me on the above numbers in case of an emergency.

I understand that if my child requires emergency treatment a senior member of staff will accompany them to the hospital and remain with them until I arrive.

Parent/Carers name:

Parent/Carers signature:

Date