

Cottesbrooke Kids' Club

General Consent And Medical Information Form

we need this information for the Health and Safety of you Children

Child's Name.....	
1st Emergency Name.....	2nd Emergency Name.....
Emergency NO.....	Emergency NO.....
Relationship to the child.....	Relationship to the child.....
Name of Doctor.....	Tel. No.....

All staff who are qualified First Aiders will if needed administer basic first aid

In the case of an emergency, I consent to my child receiving treatment .	Yes	No
Medical , Surgical or Dental treatment if advised by a doctor.		
Please tick the box if you DO NOT wish your child to be treatment		<input type="checkbox"/>
Please state any Allergies they may have.....		
So as to provide Medical Emergency staff with appropriate information can you please list any medication your child uses?.....		

Cottesbrooke Kids, Club has a legal responsibility to report to the designated Social Care & Health Officer details of any child who we suspect may have been abused or neglected.

Administering Medication.	
I give my permission for my child /children who need to administer their own medication. ie inhalers etc	Please tick the box. <input type="checkbox"/>

All information held is treated confidentially and kept in a lock secure place in accordance with the Date Protection Act 1998 and we only share this information with the Emergency Services if needed or if requested by Social Services

Signature of person with parental responsibilities.

Date