



## Emergency Medical Treatment Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Any other relevant medical information (i.e.: Allergies, family medical history etc.): \_\_\_\_\_

\_\_\_\_\_

Parents/Carers Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Child's Medical Number: \_\_\_\_\_

In the event that my child is involved in a serious incident while at the club, I expect the Manager, or delegated member of staff, to contact me immediately on the above emergency telephone number.

In the event that my child requires immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

Signature of Parent/Carer:

Date:



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