

Medical Emergency Authority

Occasionally accidents occur that result in a student needing to seek immediate hospital advice.

Hospitals will sometimes insist on parental permission before they will administer any treatment. Therefore I would ask if you can complete the form below as it is not always possible to contact parents, despite every best effort to do so.

This form gives permission for any treatment and also any medical contact numbers which we can then transfer to the hospital.

This form will be kept by the school office and will only be used in a medical emergency.

Should you have any medical concerns about your child then please feel free to contact the school office.

Medical Authority Emergency Form

I give consent for the medical examination of my son/daughter when needed and also give my permission for any treatment/operation considered necessary by the examining doctor. This includes dental, medical or surgical treatment, the use of anaesthetics or a blood transfusion.

Date: Signed: (Parent/Carer)

Name of student: Tutor Group (if known)

Please indicate below any relevant medical condition and emergency contact numbers

Medical Conditions:
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First emergency Medical contact:

Name:..... Telephone number:.....

Email address (if available):

Relationship to Student:

Second emergency Medical contact:

Name:..... Telephone number:.....

Email address (if available):

Relationship to Student: