

# Permission to seek Emergency Medical Treatment.

I/we authorise \_\_\_\_\_to administer first aid assistance to my/our child named below as and when necessary, or in the event of an emergency to seek medical/hospital assistance in our absence as appropriate. I/we will provide her/him with up to date details of contact numbers.

I/we understand that you will not be able to authorise any treatment and that I/we as the child's next of kin will be contacted by the medics in the event of an emergency to give permission, or in a life threatening situation the medics will act in their professional capacity.

Name of child .....

Name of parent .....

Signature .....

Date .....

Name of parent .....

Signature .....

Date .....