

# Sunrise Breakfast Club

## Emergency medical treatment consent form

Name of child.....

Date of birth.....

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

I consent to any emergency medical treatment for my child necessary during the running of the club. I authorise breakfast club staff to sign any written form of consent required by the hospital authorities **if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.**

YES                      NO    ( delete as applicable.)

Signed.....

Print name.....

Relationship to child.....

Date.....