

To whom it may concern

## Permission for Emergency Treatment

Child's Name.....

Date of Birth.....

I give permission for the staff at Rudgwick Pre-School to obtain any medical treatment or assistance that may be necessary for my child in the case of emergency.

Signed.....Date.....

Print Name.....

Address.....

.....

I confirm my child does/does not\* have any allergies (including food allergies)

Please give details if necessary.....

.....

.....

Doctor's Name.....Tel no.....

Doctor's

Address.....

\* delete as necessary

Note: Two copies of this form to be completed (one will be given to GP/hospital if emergency treatment is required)



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