**Brant Broughton Preschool**

**Declaration and Consent for Emergency Medical Treatment**

**Name of Child:**

I agree to the registered person in charge of the setting (or member of staff) taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the setting or whilst my child is on an authorised outing.

I understand the registered person in charge (or member of staff) will make every effort to inform me of any emergency or accident as soon as possible after the event but accept that in my absence they may have to seek emergency medical treatment, which may include taking the child to their GP, the hospital or calling an ambulance and accompanying my child to the hospital in the case of a serious accident or emergency.

In the event that I can still not be contacted and my child requires emergency treatment, I give my permission for the registered person in charge (or member of staff) to authorise medical staff to administer essential treatment until my arrival.

Signed: Date:

Print: Relationship to child:

If you do not agree with any or all of the above declaration please do not sign it but make your views known in the space below. The registered person in charge will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the above declaration and would prefer the following procedure to be followed for my child in the event of an accident or emergency.

Signed: Date:

Print: Relationship to child:

**MEDICAL DETAILS**

|  |
| --- |
| Doctor’s name: |
| Address: | Telephone number: |

Does your child have any known medical problems? If so, please detail:

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Has your child had any of the following immunisations?

Diphtheria yes / no Tetanus yes / no

Whooping cough yes / no Measles yes / no

Poliomyelitis yes / no HIB yes / no

MMR yes / no Meningitis yes / no

Has your child had any of the following childhood illnesses?

Measles yes / no Chicken pox yes / no

Mumps yes / no Rubella yes / no

Whooping cough yes / no

Flu Jab: ………………………………………………………………………………………………..

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Please detail any known allergies/ food intolerances or preference:

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Occasionally we may need to use plasters on small cuts and grazes and will require parental consent to do so.

I do/do not allow plasters to be used on my child

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated

Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_