



St George's Pre-School

Parental Permission for Emergency Treatment

In order for staff to ensure that your child receives the best and most appropriate care, attention and treatment should there be an emergency whilst your child is in the care of the pre-school, you need to complete, sign and date the declaration below.

Full name of child:

Date of birth:

Name of parent/guardian: 1.

2.

Please complete, sign and date the following declaration

Declaration for emergencies

I agree to St George's Pre-school taking the necessary steps to ensure that my child _____ (name of child) receives the best and most appropriate care, attention and treatment should there be an emergency or accident whilst my child is in the care of the pre-school.

I understand that St George's Pre-school will make every effort to inform me of any emergency or accident as soon as possible after the event but that a member of staff may, in my absence, have to accompany my child to hospital in the case of a serious accident. I give my permission for the accompanying member of staff to authorize hospital staff to administer essential treatment until my arrival.

Signed by parent/guardian

1. Date

2. Date

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 Supervisor (or deputy in charge) will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the declaration and would prefer the following procedure to be followed for my child _____ (name of child) in the event of an emergency.

Signed by parent/guardian

1. Date.....

2. Date.....