

PERMISSION FOR EMERGENCY/OPERATIVE TREATMENT

In the very rare instance of an emergency, when parents or the emergency contact person cannot be contacted, it could be necessary to obtain urgent treatment for a child from a doctor, dentist or casualty department of a hospital. As delay in such circumstances could be dangerous we would ask that you give your consent below in case such an emergency should unfortunately arise.

In the event of sudden illness or accident affecting my child, if recommended by a doctor, I agree to emergency treatment, including any operative treatment and/or administration of a general anaesthetic to my child.

Name of Child:

Name of Parent/Carer.....

Signed (Parent / Carer).....

Address:
.....
.....
.....

Date: