



**SANATORIUM EMERGENCY MEDICAL TREATMENT FORM**

This form should be returned by post because it must have a parental signature

Pupil's Name: (Please print).....

Date of Birth: ..... House .....

I consent to my son/daughter being given medical treatment

In an emergency, when all attempts at contacting me have failed, I consent to a member of the Sanatorium Staff/Houseparent/Head signing on my behalf for medical treatment, including anaesthetic if necessary.

Any relevant medical history: .....  
.....  
.....

Known allergies: .....

Current medication: .....

Parents' Address: .....  
.....

Parents' Telephone Number: .....

Parents' Mobile Number .....

Parent's Signature .....

Please print Name: .....

Date:.....