



ST JOHN'S CATHOLIC PRIMARY SCHOOL

Dear Parent/Carer

EMERGENCY TREATMENT

In case of accident or sudden illness during the school day, we shall make every effort to contact parents so that they can accompany their child to hospital and also give permission for any necessary treatment.

If we are unable to contact you, your child can only be given treatment such as injections and anaesthetic, if we have your written authorisation in advance. Please complete the reply slip below and return it to school as soon as possible. (Please return both forms if applicable).

It would be of considerable help to us if you could provide the additional information asked for on the reply slip.

Yours sincerely

Jonathan Shields
HEADTEACHER

EMERGENCY TREATMENT FORM

Pupil's Name _____ Date of Birth _____

I agree to the person in charge of my child giving consent on my behalf to any medical treatment or anaesthetic should the need arise.

Signature _____ (Parent/Carer)

Date _____

Please give details of any significant medical condition with regard to your child (eg. diabetes, epilepsy, allergies)

Date of last anti-tetanus injection _____

Details of allergies or medical conditions _____

Parents/Carers emergency telephone number _____

NAME	RELATIONSHIP	TELEPHONE NO
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PLEASE LET US KNOW WHEN YOUR CHILD HAS A TETANUS BOOSTER AND IF YOUR EMERGENCY CONTACT NUMBER CHANGES.