



Dear Parent/Carer

Re: Emergency Treatment Consent

Could you please complete the consent slip below to authorise any necessary medical treatment whilst your child is at Barkisland Kids Club. It is necessary that we have your prior permission in case of an emergency to enable staff to act on your behalf should your child require medical treatment by a medical practitioner/hospital.

In the event of any accident every effort will be made to contact Parents/Carers immediately.

Thank you for your co-operation.

Yours sincerely

Leanne Downs
Kids Club Manager

Barkisland Kids Club

Name of Child:

I consent for the above child to have medical treatment, if necessary, whilst at Barkisland Kids Club.

YES

NO

Print Name: Parent/Carer

Signature: Date

Parent/Carers Telephone Number:

Under the General Data Protection Regulations (GDPR), I can advise you that all returned registration forms will be held on your child's file, stored confidentially within Kids Club and reviewed each academic year. Each year, old Registration forms will be confidentially destroyed. If you would like more information on how you and your child's data is used/stored please refer to the School's Privacy Notice which can be found on the School's website