

# Parent Permission Form

## Emergency Treatment

**In order for myself to ensure that your child receives the best and most appropriate care, attention and treatment should there be an emergency at the provision (day or night) or while out on an authorised outing, you need to complete, sign and date the declaration form below.**

**Name of registered childminding provision: Hoe Farm Childminding**

**Full name of Child :**

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**Date of Birth:**

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**Name of parent**

1.

2.

**Please complete, sign and date the following declaration**

### **Declaration for emergencies**

I agree to the registered person in the provision 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 in the provision or while my child is on an authorised outing. I understand that the registered person will make every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child (name of child) to hospital in the case of a serious accident in my absence. I give my permission for the registered person in charge of the provision to authorise hospital staff to administer essential treatment until my arrival.

**Signed by parent**

1.	Date
2.	Date

**If you do not agree with any or all of the above, please do not sign it, but make your views know in the space below. The registered person in charge of the provision 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**

1.	Date
2.	Date