

## Emergency Medical Consent

<b>Name of student</b>	
<b>Date of Birth</b>	

In the very rare event of an emergency The Richmond upon Thames School would actively seek to locate a parent or guardian. When parents or the emergency contact cannot be reached, it may be necessary for The Richmond upon Thames School to obtain urgent treatment for your 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 full consent below in case such an emergency should unfortunately arise. This consent will be valid whilst your son or daughter is on site or on a day visit.

Longer term residential trips will require an additional medical form to be completed.

This emergency consent will remain valid for the period of time your son/daughter attends The Richmond upon Thames School unless you instruct us otherwise in writing. The consent will automatically expire after this time.

<b>Parent/Carer name (1)</b>	
<b>Contact number</b>	

<b>Parent/Carer name (2)</b>	
<b>Contact number</b>	

<b>Parent/Carer name (3)</b>	
<b>Contact number</b>	

### Declaration

In the event of sudden illness or accident affecting my son/daughter; if recommended by a doctor and considered necessary by the medical authorities present, I agree to **emergency treatment**, including

- Medication as instructed
- Any emergency dental, medical or surgical treatment including any operative treatment and/or administration of a general anaesthetic
- Blood transfusion

Please sign here to indicate your acknowledgement of the emergency procedures at The Richmond upon Thames School.

<b>Signed</b>		<b>Date</b>	
<b>Print name</b>			