



**MOLDGREEN COMMUNITY PRIMARY SCHOOL**

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Headteacher: Mrs T Smith BA (Hons) QTS PGC  
Deputy Headteacher: Mrs L Szewczyk BA QTS

**Emergency Medical Treatment Consent Form**

Name of Child: .....

Date of Birth: .....

Address: .....

.....  
.....

Any ongoing illnesses or allergies: .....

.....  
.....

Parent/Carer names and emergency contact numbers:

1. ....  
.....

2. ....  
.....

I ..... hereby give my permission to allow Moldgreen CP School to act on my behalf, to allow my child to have medical treatment administered to them in any case of emergency. This will only apply if I am not able to get to the hospital and they have contacted me first.

Signature .....

