



Childs full name(s)	
Childs D.O.B	
Childs Address	
Childs E-learning at school	
Childs GP	
GP Address	
GP contact number	

Please name all Parent(s)/Guardian(s) who have **full Parental Responsibility** for the above named child.

Full name(s)	Relationship to the child

Medical Emergency:- In the event of your child having a **medical emergency** and needing **emergency medical treatment** whilst in our care, we need permission from a parent/guardian who has legal parental responsibility for your child so that S.O.S staff members can give authorisation on your behalf for emergency medical treatment to be given to your child. Please give **emergency contact numbers** (minimum 2)

Full Name	Relationship to the child	Home no.	Work no.	Mobile no.	Email address

Collection Password -When an **alternative adult** will be collecting your child (e.g. you are unable to collect due to working away or unforeseen circumstances e.g. traffic issues). **You need to advise SOS who is collecting your child.**

The person collecting is required to provide SOS the **password** before gaining access to collect the child.

PASSWORD	
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By signing below I/we give full permission for this child to be given emergency medical treatment if deemed necessary by a doctor/emergency services whilst under the supervision of Brighthouse S.O.S staff in the event that I am unavailable to give the necessary permission myself.

Signed..... Date.....