**Emergency consent**

I agree to the registered person in the provision (or deputy in charge or nominated person) 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 setting or while my child is on an authorised outing.

I understand that the registered person or deputy in charge or nominated person will make every effort to inform me of any emergency or accidents a soon as possible after the event but they may have to accompany\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[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 **Little Haven Childcare** or deputy in charge or nominated person to authorise hospital staff to administer essential treatment until my arrival.

Parent/Carer Name:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date  \_\_\_\_\_\_\_\_\_\_\_\_

If you do not agree with any or all of the above declaration, please do not sign but make your views known in the space below:

The registered person in charge of **Little Haven Childcare** or deputy in charge or nominated person will discuss this with you and do their best to accommodate your particular wishes.

Signed Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_