



Milton Keynes Islamic and Cultural Association

Children Emergency Contact Form

Full Name:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	D.O.B:
Address:			
Town/ City:	County:	Post Code:	

Parental Contact Information

Parent/ Guardian 1:	Parent/ Guardian 2:
Address:	Address:
Town/ City:	Town/ City:
County:	County:
Post Code:	Post Code:
Home Phone:	Home Phone:
Mobile:	Mobile:
Email:	Email:



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Medical Information

GP Name:

GP Telephone Number:

GP Address:

Town/City:

County:

Post Code:

Allergies and Health Conditions

Yes

No

If the answer is yes please describe, including any medication that is being taken and its frequency.

Declaration

I hereby authorise all medical and surgical treatment, X-ray, laboratory, anaesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending doctor and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/ Guardian:

Parent/ Guardian:

Signature:

Signature:

Date:

Date: