



Authorisation Form — Medical Emergency

Name of Child: _____

DOB / Birth Certificate No: _____

- 1) I understand that in the event of an illness or accident to my child, Skool4Kidz will make reasonable attempts to contact me. When I am notified, I am required to pick up my sick child immediately.
- 2) I also understand that if my child shows any signs of being ill or unwell, my child shall be isolated from the other children and given staff supervision.
- 3) In the event that I am not contactable, I hereby grant Skool4Kidz the full discretion to consult a licensed physician/ doctor of Skool4Kidz's choice to attend to my child. All medical fees and other expenses shall be borne by me.
- 4) I further understand that medication shall be administered by Skool4Kidz's staff according to the directions given by the licensed physician/ doctor.
- 5) I hereby agree not to hold Skool4Kidz liable in any way whatsoever for the medical treatment provided to my child at the centre.

The person(s) to be contacted in case of an emergency are:

1. Name : _____

2. Name : _____

Address : _____

Address : _____

NRIC/PP No. : _____

NRIC/PP No. : _____

Tel/HP : _____

Tel/HP : _____

Relationship
to child : _____

Relationship
to child : _____

Allergy to Food (if any): _____

Allergy to Medication (if any): _____

I certify that the above details are, to the best of my knowledge, true and correct and will keep the Centre informed of any changes. I shall also inform the Centre if my child has any new allergy to any food or medication known to me.

Name and Signature of Parent(s)

Date

NRIC: