



Theresa Nuzzo School  
Kindergarten & Primary

## Emergency Consent Form

<b>Name of school</b>	<b>Theresa Nuzzo School Hamrun</b>
<b>Student/s name</b>	
<b>Date of birth</b>	
<b>Student/s ID number</b>	
<b>Father's name and surname</b>	
<b>Mothers name and surname</b>	
<b>Address</b>	
<b>Telephone / mobile</b>	

Experience has shown that there are times when illness or accident may occur and immediate medical or surgical attention is necessary. This is my permission to the Head of School or School Authority to make arrangements for qualified medical or surgical attention to be given to my child in the event of an emergency without the necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

I / We hereby authorise the relevant authorities to proceed with emergency medical or surgical treatment that our child may require during our absence, if and until we are temporarily unavailable.

Father/Guardian's signature \_\_\_\_\_ ID \_\_\_\_\_

Mother/Guardian's signature \_\_\_\_\_ ID \_\_\_\_\_

Date \_\_\_\_\_