



Information Required for Emergency Treatment

Name of Young Person:		Date of Birth:	
Pear Tree Address and Telephone No.			
Name, Address and Telephone No. of GP			
Name, Address and Telephone No. of person with parental responsibility			
Has the young person any allergies?		Yes	No
Please list:			
Is the young person on any medication?		Yes	No
Please list:			
Has confirmation of consent to emergency treatment been received?		Yes	No