



**ROYAL INSTITUTION
MATHEMATICS MASTERCLASSES
for young people in CAMBRIDGESHIRE**

EMERGENCY INFORMATION

Name: _____

Emergency contact numbers during workshops (please give names and relationship of contact):

Details of any medical conditions we should be aware of:

Details of any medications being brought to the workshops:

Details of any special educational needs:

Doctor's name and contact number:

I understand that in the event of a medical emergency, the numbers above will be used to make contact so that a parent or carer can take any necessary decisions. If this is not possible, I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Parent/carers signature:

Print name:

Date:

Please bring this form with you to the first session. Thanks.