

Form 87: EMERGENCY AUTHORISATION

NK Institute is guided by our Duty of Care to our Students. For your safety during training and assessment, we must provide trainers with your emergency details and permissions.

As part of your enrolment, we require you to please complete this form, as per below.

Student name: _____

Campus: _____ **Trainer:** _____

Next of Kin/ Emergency Details:

Contact Name: _____

Relationship _____

Tel: Mobile: _____ Landline: _____

Email: _____

Medical / Ambulance Permission:

In the case of medical needs or an emergency, I hereby authorise and consent for NK Institute (NK) staff and trainers to:

- administer general first aid treatment for any minor injuries or illnesses experienced by me.
- for any life-threatening situations, call upon the emergency services, and for the emergency personnel to attend, transport, and treat me as necessary.
- It is understood that this authorisation is given in advance of any such medical treatment but is given to provide authority and power on the part of NK Institute staff.

Signed on: ____ / ____ / 20 ____

Signature: _____