Name of Child ……………………………………………… Class ….………………...

Regular days required:

 Monday Tuesday Wednesday Thursday Friday

**Emergency Contact Details:**

First Contact Name ……………………………………………….…….….…………………………………….

Contact Mobile ……….……....…………………………..… Work ....……………………………………...

Second Contact Name …………………………….……….…………………………………………………...

Contact numbers Mobile ….…………………………….… Work.………………………………………..

Does your child have any dietary needs, allergies or medical conditions? Yes/No (Please circle)

If yes, please give details …………………………...…………………………………………………………………..…

……………………………………………………………………………………………………………………………………………

Is medication kept in school? Yes/No (Please circle)

If medication is kept in school, please write name/type of medication

……………………………………………………………………………………………………………………………………………….

I have completed a *parental agreement for school to administer medicine* Yes/ No (Please circle)

 **Parental agreement**

* I agree to pay £4.50 per session in advance of sessions attended on ParentPay.
* I consent to my child receiving medical treatment in an emergency.
* I understand that school cannot be held responsible for any items lost or stolen.
* I confirm that the information given on this form is correct and agree to notify the club in addition to the school office of any changes in details.
* I understand normal school rules apply at breakfast club.

I have read and, in signing this form, accept the above conditions for my child attending the breakfast club.

Signed ……...............................................................Print name ….…………………………….

Relationship to child …………………..………………………………Date …………………………………..