



Breakfast Club

This form must be completed for each child attending Breakfast Club

Child's Details	
Child's Full Name	
Child's Date of Birth	

My Child Attends		
Brookfield Infant	Brookfield Junior	Lunsford Primary

Parental/Carer Contact Information			
Parent/Carer Name		Contact Telephone Number	
Relationship to Child			
Home Address			

Emergency Contact Details
<i>In case of emergency we will contact the above, if unavailable please provide another contact who would act on your behalf</i>

Name		Telephone Number	
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Food Allergens & Intolerances – You must SIGN below the relevant answer	
My Child has NO Food Allergens or Intolerances	My Child HAS a Food Allergen and or Intolerance
	(You MUST also complete our Food Allergen Form)

Medical Conditions - if yes please provide details	
Does your child have any medical conditions/disabilities we should be aware of?	Yes / No

By signing I confirm the above information as correct and I accept and acknowledge the following: - Should the necessity arise I agree for an anaesthetic to be administered and any other urgent medical treatment to be given. - Poor behaviour may result in my child being refused entry to Breakfast Club. - I will pay any outstanding debts when requested and my child may be refused entry until my account is clear.			
Parent/Carer Signature		Please Print Your Name	
Date Form Completed		It is the responsibility of the parent/carers to inform Breakfast Club of any changes to the above information	