Beaumont Lodge
PRIMARY SCHOOL

I agree to _____ (name) taking part in the breakfast club

Date of Birth: _____ Class _____

I understand that the school will not be responsible for my child before 8.00am

Signed _____ parents/carers name _____

Medical Information about your child.

a. Any conditions requiring medical treatment, including medication? Yes/No
If YES, please give details:

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b. Please outline any special dietary requirements for your child

_____

c. Does your child have any allergies? Yes/No If YES, please specify

_____

Emergency contact telephone numbers:

Name _____ Relationship to child _____

Home address_____

Telephone no. Home: _____ Mobile no. _____ Work _____

Alternative contact number:

Name _____ Relationship to child _____

Home address_____

Telephone no. Home: _____ Mobile no. _____ Work _____

Doctors Details:

Name of family doctor: _____ Tel. no. _____

Address: _____

Signed: _____ Full name: _____Parent/Guardian Date_____