



Wyke Regis Primary Federation

Breakfast Club Contact & Medical Information

Child's Name:

Details of known medical conditions:

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Details of any medication your child takes:

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Any allergies:

Any food not eaten for religious, medical or ethnic reasons or because of dislike (*please state reason*):

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Name, address and phone number of child's GP:

.....

.....

Emergency contact details during the hours of the Breakfast Club:

1. **Name & relationship to child:**

Contact number(s):

2. **Name & relationship to child:**

Contact number(s):

3. **Name & relationship to child:**

Contact number(s):

I can confirm that to the best of my knowledge the information I have given is complete and accurate. I authorise the Breakfast Club staff to carry out the actions I have advised in the event of my child become ill.

Signed: (Parent/Carer) **Date:**

Signed: (Breakfast Club Staff) **Date:**