



Wyke Regis Primary Federation

Breakfast Club

Contact & Medical Information

Child's Name: Class:.....

Details of known medical conditions:

.....

Details of any medication your child takes:

.....

Any allergies:

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

.....

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):

Email address (to set up account):

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: