



St Mary's Catholic Primary School

Breakfast Club Registration Form and Medical Details

Child's Name: **Class:** **Date of Birth:**

Parent/carers details:

Name

Address

Contact telephone numbers:

Home **Work**

Mobile

Emergency contact details

(1) Name and relationship to child:

Contact telephone numbers

Home **Work:** **cMobile:**

(2) Name and relationship to child:

Contact telephone numbers

Home **Work:** **Mobile:**

Please list any medical conditions and/or regular medication

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Please give details of any allergies and required action if reaction occurs

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I give permission for my child/ward to be given emergency medical treatment if required.

Parent/carers signature **Date**

Please indicate which days you would like your child to attend breakfast club. **Please note that these days need to be constant each week.**

Monday	Tuesday	Wednesday	Thursday	Friday