**Breakfast Club Essential Information**

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| --- | --- | --- | --- | --- |
| Child’s name |  | | Date of Birth |  |
| Address |  | | | |
| Parent/Guardian contact details | Name:  Contact number:  Email: | Name:  Contact Number:  Email: | | |
| Alternative emergency contact | Name:  Relationship:  Contact number: | | | |
| Health concerns |  | | | |
| Allergies |  | | | |
| If asthma pump or other prescribed medication is stored in school please detail here: | | | | |