**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: |