

**BREAKFAST CLUB Autumn 2016**

**Contact Details**

Name of Child/children..... Class/es.....

Date of Birth.....

I am not aware that my child suffers from any medical conditions. -----

My child has the following medical condition. -----  
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In case of emergency, I can be contacted on:

Name	Relationship to child	Telephone Number

Name of parent/carer .....

Signed.....Parent/Carer      Date.....