

**BREAKFAST CLUB**

If you wish your child to attend our Breakfast Club then we require this form to be completed in order for our Breakfast Club staff to know your child’s details.

Please complete the details below and return to the school office. **If any of your details change during the year please let the office know.**

1. Name of child………………………………………………Date of Birth………………………Age….………………..
2. Address…………………………………………………………………………………………….......………………………………………………………………………………………………………………………………………………….……………………..Telephone Number (Home)………………………....………………Mobile………………………………………….
3. Emergency Address and/or Telephone No. (If different from above) ……………………………………………………………………………………………………………………………………………

**Personal Information:** Please give the details requested below or personal information which might be relevant:

1. Does he/she suffer from allergies, diabetes, asthma, migraine, epilepsy, period pains, sleepwalking, bed-wetting or any other illness or disability?

YES NO If yes, give details

…………………………………………………………………………………………………………………………………

1. Is he/she allergic to anything (e.g. antibiotics, elastoplast, aspirin or any such medicines and particular food or drink?)

YES NO If yes, give details

…………………………………………………………………………………………………………………………………

 **PTO**

1. Is he/she actively sensitive to Penicillin?

YES NO If yes, give details

…………………………………………………………………………………………………………………………………

1. Is he/she receiving any medical treatment at present?

YES NO If yes, give details of illness/disability and treatment

e.g. asthma inhalers…………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………

1. Date of last anti-tetanus injection……………………………………………………………………………

**DOCTORS DETAILS:**

**Name and address of own doctor…………………………………………………………………………......**

**……………………………………………………………….....…………Tel No:……………….…………..………….**

***Insurance:*** *Please note that there is a limited amount of cover for personal accident and loss of personal belongings. Children are covered by Aspire’s Insurance in the event of negligence by one of its employees. Details are available upon request.*

**PARENTAL CONSENT:**

1. I acknowledge the need for him/her to behave responsibly at all times.
2. I understand that the staff responsible for the activities will take all reasonable care of participants.
3. I consent to any emergency treatment necessary. I therefore authorise the club leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should any medical treatment (a surgical operation or treatment) be deemed necessary, provided that the delay to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child’s health or safety.
4. I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency.

Parent/Guardian Signature…………………………………………………………………………

Print Name…………………………………………………..Date……………………………………..