



## Waddesdon Village Breakfast Club Registration Form

<u>Basic Details</u>	
<u>Child's Name:</u>	<u>Child's Year Group:</u>
<u>Emergency Contacts</u>	
<u>Emergency Contact Name:</u>	<u>Emergency Contact Name:</u>
<u>Emergency Contact Number:</u>	<u>Emergency Contact Number:</u>
<u>Medical Information</u>	
<u>Allergies:</u>	<u>Medical Conditions:</u>
<p>Please provide details of any prescribed medication eg asthma inhaler, epi pen etc. that may need to be administered:</p> <p><i>PLEASE NOTE any ad hoc special medication, excluding asthma inhalers/epipens etc, must be administered before arrival at school. Breakfast Club staff will not be able to administer anything else until the formal school day starts and in line with School Policies.</i></p>	<p>I give consent for the staff at Breakfast Club to administer necessary first aid to my child.</p> <input type="checkbox"/>
<u>Dietary Requirements</u>	
<p>Please specify any dietary requirements your child has:</p>	