

EMMANUEL MIDDLE SCHOOL



BREAKFAST CLUB REGISTRATION FORM

Please complete this form in a black pen using **BLOCK CAPITALS**.

STUDENT DETAILS:

Full Name of Child: _____ Class: _____ D.O.B: _____

Name of Parent/Carer: _____

Address: _____

Daytime Emergency Contact Tel No: _____ Home Telephone: _____

Relationship to Child: _____

MEDICAL INFORMATION:

Doctor's Name: _____ Doctor's Surgery: _____

Doctor's Tel No: _____

Please give brief details of any medical conditions, including any allergies. Please also give details of any medication that is held by the school office for your child. Please note that any medication can only be administered on the completion of a Parental Agreement to Administer Medicines form which is available from the school office or school website. We are unable to administer aspirin or medicines containing ibuprofen unless they are prescribed by a doctor.

Please outline any special dietary requirements: