



BREAKFAST CLUB REGISTRATION FORM

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| CHILD'S NAME: | |
| ADDRESS: | |
| DATE OF BIRTH: | |
| CLASS : | |
| <u>PARENT/CARER NAME:</u> <u>(1)</u> | |
| CONTACT NUMBERS: | MOBILE: |
| | DAYTIME: |
| <u>PARENT/CARER NAME:</u> <u>(2)</u> | |
| CONTACT NUMBERS: | MOBILE: |
| | DAYTIME: |
| Does your child have any allergies? | YES/NO If yes, please give details: |
| <p>I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities.</p> <p>SIGNED:</p> | |