

Great and Little Shelford CE (A) Primary School Breakfast Club
Medical Form

Child's Name _____

Doctor: _____

Address: _____

Telephone _____

Does your child or the child in your care have any known medical problems or additional needs?
(Please list)

Does your child have any known allergies or major dislikes (foods or materials)?

Does your child have any dietary requirements?

Any other information

Parent/Carer Emergency Contact Telephone numbers: -

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed

Date
