



# LYMINSTER PRIMARY SCHOOL

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## Breakfast Club Registration Form

Child's name:.....

Year group .....

Date of Birth:.....

Delete as appropriate;

My child (Date of Birth: ..... ) has no illness, allergy or physical disability \*  
the following illness, allergy or physical disability \*

.....

which necessitates the following medical treatment:.....

.....

### Emergency Contacts

Name: .....

Name: .....

Home Phone: .....

Home Phone: .....

Mob Phone: .....

Mob Phone: .....

I confirm that I am the person who has parental responsibility for the student named above.

I consent to any emergency medical treatment necessary during the course of the breakfast club.

I have read and understood the Breakfast Club Policy.

Signed

Dated

