

Welcome to Brooklands Primary School Breakfast & After School Club

**Information & administration pack for
parents & children**



Child's Name..... Class.....

Details of Child

Surname	Forename
Middle Name	Chosen Name
Gender Male Female	Date of Birth
Admission Date	
Year Group	Class
Address	
Post Code	
Telephone No.	Mobile No.

Parent/carer details

	Name	Home Address	Day Address
Parent/ Carer 1st contact	Relationship:	Phone No: Mobile No: Email:	Phone No: Mobile No:
Parent/ Carer 2nd contact	Relationship:	Phone No: Mobile No: Email:	Phone No: Mobile No:

Additional named person authorised to collect your child

Name

Phone number(s)

Relationship to child

Sessions required (please tick)

Required Start Date.....

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
After school club					

Medical & Dietary Information

Doctor			
Address			
Telephone			
Medical Information / Disability / Special Needs			
Asthma <input type="checkbox"/> † Diabetes <input type="checkbox"/> † Eczema <input type="checkbox"/>	Epilepsy <input type="checkbox"/> † None <input type="checkbox"/> †		
Other (Please Specify)			

Please note if Medication is to be administered by us, a separate 'Administration of Medication Consent Form' will need to be completed this can be obtained from the school office.

Details of Dietary requirements and Allergies

Please specify in the box below if your child has any allergies:

Artificial colouring <input type="checkbox"/> † Gluten free <input type="checkbox"/> † Halal <input type="checkbox"/> Kosher food only <input type="checkbox"/> † No dairy products <input type="checkbox"/> †	No nuts of any type <input type="checkbox"/> † No pork <input type="checkbox"/> † Seafood allergy <input type="checkbox"/> † Vegetarian <input type="checkbox"/> †
Other please specify: Allergy should be medically diagnosed not just a food preference.	

Consent Form

YES

NO

I give consent to my child's work being displayed and labelled with their name at the club.		
I give consent for photographs to be taken for possible use in student portfolios, publicity, including our web site and display within the club (no names are used).		
I give consent for my child to have their face painted if they wish when this activity is arranged.		
I give consent for my child to have party food on special occasions.		
I give consent for basic First Aid to be carried out by trained First Aiders which includes the use of Hypo-allergic plasters.		
I give consent to seek any necessary emergency medical advice or treatment in the future.		
I give consent for medication to be administered with relevant consents given prior to administering.		
I give consent for my child to be transported to hospital in an emergency and receive emergency treatment in hospital. (the child's Parent/ Carer would always be contacted in such cases.)		

Parent/ Carer's signature

I have legal responsibility for the above named child. I have read and accept the Terms & Conditions of Brooklands Breakfast and Afterschool Club.

Signed.....Printed.....Dated.....