

BREAKFAST CLUB REGISTRATION FORM

All children who attend **MUST** be registered with the Breakfast Club.

ABOUT YOUR CHILD:

Surname:		First Name:	
Known As:		Middle Name:	
Address:		D.O.B	
		Religion:	
Post Code:		Home Tel:	
Work Tel No:		Mobile No:	

MEDICAL HISTORY:

Does your child have any allergies? If yes, please provide details below:

Does your child have any medical conditions? If yes, please provide details below:

Your child's Doctor is:

	Tel:
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Is your child on any medication? If yes, please provide details below and complete a medication form:

I consent to any medical treatment necessary during the running of the scheme. I authorise the club staff to sign any written form of consent required by the hospital authorities if the delay in obtaining my signature is considered by the Doctor to endanger my child's health and safety. Yes/No

DECLARATION:

I _____ parent/guardian of _____ hereby grant full authority for Breakfast Club leaders(s) in charge of the above club to act in “loco parentis” in respect of my son/daughter during their time at the club.

I understand that the words “loco parentis” means that the Breakfast Club leader(s) shall have the same authority in respect of my son/daughter regarding discipline and welfare as I myself at present undertake. As part of activities, I am willing to allow my son/daughter to enter into such activities as may be considered by the Breakfast Club leader(s) to be in his or her best interests and the consent already given in respect of the Breakfast Club leader(s) being “loco parentis” to my son/daughter shall apply to any activities undertaken in this regard.

I consent to my child(ren) being photographed for notice boards or for publicity purposes of the club. Yes/No*

I/We understand that a minimum 48 hours’ notice must be given should you no longer require the Pre-booked session.

Please note that whilst every effort is taken to ensure your child’s belongings and clothing are protected, we cannot be held responsible for lost, stolen or damaged articles.

*Delete as applicable

Signed: _____ Date: _____

Print Name: _____