

**ILLOGAN
SCHOOL**



**BREAKFAST
CLUB**

REGISTRATION FORM

All children attending Breakfast Club must be registered. This form contains information concerning your child and is confidential.

Child's full name: _____

Name: _____

Date of birth: _____

Address: _____

Address: _____

School Class: _____

Phone numbers

Name and address of Parents/
Carers

Work: _____

Mobile: _____

Home: _____

Name: _____

Does your child have any known
medical problems? _____

Address: _____

Phone numbers

Work: _____

Mobile: _____

Home: _____

If your child requires prescription
medicines, we will ask you to
sign a form giving us permission
to administer them.

Does your child have any known allergies/sensitivities or major dislikes for example food ?

Details of your child's doctor

Name: _____

Surgery: _____

Phone number: _____

Does your child have any special needs?

Please add any other information you feel we need to know

I DO/DO NOT consent to any emergency medical treatment necessary during the running of the Breakfast Club. I authorise the Club staff to sign any written form of consent required by hospital authorities if a delay in getting my signature is considered by the doctor to endanger my child's health and safety.

KS1 children will be escorted to their classes at the end of Breakfast Club.

KS2 children will join in Wake and Shake at 8:40.

Signed: _____

Name: _____

Date: _____

Thank you for filling in a Registration Form, we look forward to welcoming you to our Breakfast Club.