

**Breakfast Club Medical Form**

All information contained on this form is held under the **Data Protection Act 2018** and shall not be disclosed to any other party.

**Pupil and contact details:**

Pupils name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide 2 contact details:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical information:**

Does your son/daughter suffer with any medical conditions/allergies/disabilities/insect bites? Yes/No

Please give details

Does your child suffer from any conditions requiring medical treatment including medication? Yes/No

Please give details

Is your child taking any form of medication on a regular basis? Yes/No

Please give details including type of medication and dosage:

The school is aware of any of the above any medical conditions which my child has and the appropriate forms have been completed Yes/No

**Dietary Requirements:**

Please state below to indicate if your child has any specific dietary requirements or allergies:

*Vegetarian*  Yes/No

Vegan Yes/No

Any other important dietary information/requests:

Parent/Guardian name: Signature: