



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: