

CONSENT SLIP TO ATTEND BREAKFAST CLUB AT OAKWOOD PRIMARY ACADEMY

Child's Name: Class & Year Group.....
Girl/Boy

My child will be attending on:

Mon..... Tues..... Wed..... Thurs..... Fri.....

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I GIVE MY CONSENT FOR MY CHILD TO ATTEND

Address:

Parent/Carer's contact details in case of any emergency

Home: Mobile:

Work:

Other persons who may be contacted if I am unable to be contacted:-

Name: Relationship to my child:

Medical or other relevant information about my child, including allergies, medication and any other information it would be helpful for staff to be aware of:-

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In case of an emergency, I give my permission for a member of staff to act in the best of interest of my child.

I agree to keep up-to-date with payments to keep a place available for my child.

Signed: Parent/Carer Date:

Please print name: