



Marchwood Junior School

Our Learning Family that Inspires you to Dream

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Breakfast Club Application Form

Childs Information:

Childs name:

Class:

Parent Information:

Name:

Address:

Emergency Contact details:

1st Contact:

2nd Contact

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Medical Information:

Please list any allergies or any medical conditions that your child has.

Does your child need to take any medication whilst attending Breakfast Club?
(If yes, do you give permission for a member of the Breakfast Club to administer the medication?)

Yes / No

Are there any foods/drinks that your child is not allowed to consume?

(If yes, please list below):

In the event of illness or accident requiring medical treatment, I hereby give my consent for the Breakfast Club staff to seek medical advice.

Signature of Parent/Guardian:

Date: