

St Michael's Breakfast Club Registration Form

Child's Details

Name: Class

Parent/Carer Details

(Please inform us if either parent does not have legal parental responsibility).

Name:

Emergency contact details :

Alternative Emergency Contact Details

Contact 1 :

Contact 2 :

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital, I hereby authorise the staff member present to consent to any emergency treatment necessary to ensure the health and safety of my child on my behalf.

Signed

(Parent/Carer)

Print Name.....

Date.....