

## Broomhill Breakfast / Teatime Club Registration and Medical Form

Child's full name	
Name to be known by	
Child's Base	
Address	
Parent contact email	
Parent / Guardian name(s)	1) 2)
Contact 1	
Address if different from child's	
Contact telephone numbers	Home Mobile Work
Contact 2	
Address if different from child's	
Contact telephone numbers	Home Mobile Work
Additional person(s) authorised to collect child Name and contact no.	
*Password to be used *	

## Medical Information

Details of Child's doctor				
Name, address and telephone number				
Does your child have any medical problems or disabilities? If yes please state				
Details of any medication your child will need to have available, e.g. inhalers				
Does your child have any known allergies? If yes please state				
Any other relevant information you wish to provide				
Parental Consent			Yes	No
I consent to any emergency medical treatment necessary during attendance at Breakfast and Teatime Clubs				
I authorise club staff to sign any written consent forms required by the hospital authorities if any delay in getting consent is considered by the doctor to endanger my child's life				
I give consent for my child to be taken out of school grounds for visits and outings with club staff if given prior notice				

Booking information - Permanent Sessions										
	Charges	Mon	Tue	Wed	Thu	*Fri				
		3-6pm	3-6pm	3-6pm	3-6pm	3-5pm				
Breakfast	£5 per session									
7.30 - 8.50am										
Teatime *	£11.00 per					*				
3.00 - 6.00pm	session									
Casual Teatime	raed at £	12	*Friday Teatime £7							