



Malmesbury Park Primary School
Breakfast Club and 3:15 Club medical form

Please complete using block capitals.

Child's Name : Class:	D.O.B:
Parent/Carer emergency contact telephone numbers: 1) Name: Telephone number: 2) Name: Telephone number:	
Child's doctor name: Surgery telephone number:	
Does your child have any special dietary requirements, allergies, medical or special needs? (If yes, please give details)	
Should your child require any medication to be administered during club hours please complete an additional consent form.	
Any other information:	
In the event that my child is involved in a serious accident I expect to be contacted immediately on the above numbers. I do/do not* consent to my child receiving medical advice and treatment in the event of an emergency. *(please delete as applicable).	
Signed: Parent/Carers name: (Block capitals please)	Date: