



Great Chesterford Primary Academy - Breakfast Club - Child Record Form

Child's Details

Child/children's names(s):	
----------------------------	--

Child/children's preferred name(s):	
-------------------------------------	--

Home address:	Telephone No:
---------------	---------------

Contact details for parents

Parent/Carers name 1	
----------------------	--

Address (if different from above):	Telephone No:
------------------------------------	---------------

Place of work:		Work No:	Mobile No:
----------------	--	----------	------------

Parent/Carers name 2	
----------------------	--

Address (if different from above):	Telephone No
------------------------------------	--------------

Place of work:		Work No:	Mobile No:
----------------	--	----------	------------

Doctor's details

Name and address:	Surgery Telephone No:
-------------------	-----------------------

Allergies/health requirements/special needs:	
--	--

Medical assistance permission

I give permission for any emergency medical advice or treatment as considered necessary by medical authorities present:	
Signed and dated:	

Useful information	
--------------------	--