

PB Coaching

Achieve Your Personal Best

Breakfast Club Consent Form

Day of the week: Mon - Fri

Time: 7.30 - 8.50

Your child will have breakfast provided for them followed by various activities.

PLEASE FILL IN ALL SECTIONS BELOW:

Child's Name:	Date of Birth:			
School: Birchwood	Age:			
Contact Details				
Parent/Guardian Name:				
Relationship:				
Tel No (Home):	(Other):			
Medical Information				
Does your child have a medical condition?	YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes give details below: (e.g. condition, medication etc)				
.....				
.....				
Doctor:	Surgery No:			
Additional Needs				
Does your child have any special educational needs?	YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes give details below:				
.....				
.....				
Days Attending				
Please tick the days your child will need to attend the breakfast club. There is a maximum of 30 spaces available each day so please book in advance to be sure of a place on days required. Priority will be given to children who have booked specific days. Each morning (7.30am - 8.50am) costs £2.50. Please note that this charge will still apply if your child doesn't attend the days they are booked in for, unless there is a valid reason (e.g. sick, on holiday) which must be verified with the school office.				
<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>

I give permission for my child to take part in activities arranged and for the information given above to be held and used by PB Coaching.

I give permission for medical attention to be sought in the case of an emergency.

Print Name:

Date:

Signature: