

ST. MONICA'S CATHOLIC SCHOOL

BREAKFAST/AFTER SCHOOL CLUB

Please complete the information & return to school

PLEASE COMPLETE 1 FORM PER CHILD

SURNAME: **CLASS(ES):**.....

FIRST NAME (S):

HOME TEL NO:

MOBILE NO: (MUM) **(DAD)**

WORK NO: (MUM) **(DAD)**

NAME OF PARENT/GUARDIANS

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**NAME & TEL NO OF SOMEONE WHO WOULD BE AVAILABLE IN THE EVENT OF AN EMERGENCY (FRIEND, GRANDPARENT, NEIGHBOUR)**

**NAME:** ..... **TEL NO:** .....

**NAME:** ..... **TEL NO:** .....

**ANY SPECIAL MEDICAL INFORMATION WHICH WE SHOULD KNOW**

(include any medication the child needs to take or use eg asthma pump, epipen. We can use what is already in the Medical Room, so no need to send in extra.)

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**MY CHILD HAS THE FOLLOWING ALLERGIES/FOOD INTOLERANCES**

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**The following people have permission to collect my child from school:**

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