Primary School Free Breakfast

Child's name:	Childs Date of Birth	Class:
Special Medical Dietary requirements		
Any pupil who has a special medical dietary requirement, must have had their condition assessed and confirmed by a medical professional and written confirmation must be on file at Catering Services Head Office		
Other information		
Please provide details of any other information you feel relevant to your child's attendance at the breakfast session		
Contact details in case of an emergency		
Name:	Phone number	
Relationship to child:		
Name:	Phone number	
Relationship to child:		
I confirm that I would like my child to attend the breakfast sessions.		
Signature of Parent/Guardian		
Date:		