



**OFFICE USE ONLY**

Y1	Y2	Y3	Y4	Y5	Y6

**LPS BREAKFAST CLUB**

**REGISTRATION FORM**

CHILD'S SURNAME		
CHILD'S FIRST NAME		
ADDRESS		
DATE OF BIRTH		
TELEPHONE	<i>Home</i>	
	<i>Mobile</i>	
	<i>Other</i>	
DOCTOR	<i>Address</i>	
	<i>Tel</i>	
DETAILS OF ANY ILLNESS OR MEDICATION TAKEN		
DETAILS OF ANY ALLERGIES, ANY FOODS <b>NOT</b> TO BE EATEN ETC		

**PARENTAL CONSENT – TO BE SIGNED IN ALL CASES**

I, the parent/carer of the above named child, hereby consent that, in the event of any medical emergency, my child may receive medical treatment should I be unavailable to be contacted. In the event that hospital treatment is urgently required my child may be taken by car/ ambulance to hospital.

I understand and agree that my child will not be able to return to the club if he/ she fails to behave in an acceptable manner.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_