

# Sunrise Breakfast Club

## Medical form

Child's name.....date of birth.....

Child's doctor: Doctor's name.....

Name and address of practice.....

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Telephone number.....

Does your child have any known **medical conditions**? If so, please give full details

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Does your child require any medication prescribed by a doctor to be given during club time?      YES   NO      delete as applicable.

If so, please arrange to record this with the breakfast club manager, Miss Julie Budworth.

Is your child **allergic to anything**?      YES   NO      delete as applicable.

If so, please give full details.....

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IN THE UNLIKELY EVENT OF YOUR CHILD NEEDING EMERGENCY MEDICAL TREATMENT WHILE AT BREAKFAST CLUB, IT WOULD BE HELPFUL IF YOU WOULD CONSIDER SIGNING THE ATTACHED EMERGENCY MEDICAL CONSENT FORM.

Medical form completed by:

Name.....

Relationship to child.....date.....