

Breakfast & Teatime Club
Allergies/Medical Conditions Form

Dear Parent/Carer,

It is essential that you inform us of any allergies or medical conditions your child may have, so that we can ensure they are not given anything that will harm them and are aware of their medical needs.

Child's name:.....Class:.....

My child is allergic to the following:.....

.....

Details of my child's medical condition:.....

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.....

Parent/Carer name:.....

Parent/Carer signature:.....

Date:.....

Any other special information you would like to share about your child please add: