

SULLY PRIMARY SCHOOL

PRIMARY SCHOOL FREE BREAKFAST

Please complete and return to school

Child's name:				Class:	
Attendance					
Please indicate which days your child would be attending the breakfast session					
Monday	Tuesday	Wednesday	Thursday	Friday	
Special dietary requirements					
Does your child have any food allergies/intolerances?			Yes	No	
If yes, please provide details:					
Other information					
Please provide details of any other information you feel relevant to your child's attendance at the breakfast session:					
Medical needs					
Does your child have any medical conditions of which we should be aware eg asthma, epilepsy, diabetes?					
Is there a pump in school?					
Your child's GP:			Telephone number:		
Contact details in case of emergency					
Name:			Phone number:		
Relationship to child:					
Name:			Phone number:		
Relationship to child:					
Signature of Parent/Guardian:				Date:	

