

SULLY PRIMARY SCHOOL

PRIMARY SCHOOL FREE BREAKFAST

PLEASE BE AWARE THAT IF YOUR CHILD DOES NOT USE THEIR PLACE DURING A PERIOD OF FIVE CONSECUTIVE DAYS, THEN THAT PLACE WILL BE FORFEITED

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:	