

Goodrich School Meals Association

Incorporating Breakfast Club

Operating from:
Goodrich Primary School,
Goodrich,
Ross -on-Wye,
Herefordshire,
HR9 6HY

Administration:-
Mrs R. Webb
rosewebb55@outlook.com

Goodrich Primary School Breakfast Club Registration Form
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Childs Surname.....	Childs first name.....
Date of Birth.....	Special/Particular needs.....
Home address.....	Home Telephone number.....
.....	Mobile number.....
.....	Email address.....
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Name of parent(s)/carers -1	Name of parent(s)/carers -2
.....	.....
Address (if not as above).....	Address (if not as above).....
.....	.....
.....	.....
Tel. No.....	Tel. No.....
Mobile no.....	Mobile no.....

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In an emergency please contact

| | |
|----------------------------|----------------|
| Name (1)..... | Tel. no..... |
| Relationship to child..... | Mobile no..... |
| Name (2)..... | Tel. no..... |
| Relationship to child..... | Mobile no..... |
| Name (3)..... | Tel no..... |
| Relationship to child..... | Mobile no..... |

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Medical Information:-  
Details of any illness, medication taken or any other relevant medical information (e.g. allergies, family medical history etc.)

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Details of any particular dietary needs:-

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Details of any fears/phobias:-

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Childs Doctor:-

Name..... Address.....

Tel. no.....

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I give my consent to my child receiving any medical/dental treatment which is deemed urgently necessary, should I be unavailable to be contacted on the provided emergency contact number. I understand that this authorisation will remain valid unless I contact GSMA, in writing, to withdraw it.

Signed (parent/carer)

.....Date.....

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I understand that, should my child become unwell and you are unable to contact me, then you will try other emergency contacts.

Signed (parent/carer).....Date.....

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I understand that no medicines or creams will be administered by GSMA staff.

Signed (parent/carer)Date.....

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I understand that any carer who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the social Services Department. Please refer to the Goodrich C of E Primary School Child Protection/Safeguarding Policy for further information.

Signed (parent/carer).....Date.....

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I understand and agree that my child will not be able to return to Breakfast Club if he/she fails to behave in an acceptable manner. Please refer to the Goodrich C of E Primary School Behaviour Management Policy for detailed information on what is regarded as 'Behaving in an unacceptable manner'.

Signed (parent/carer)Date.....

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I understand that Breakfast Club staff cannot accept responsibility for my child's possessions or valuables whilst they are attending the club.

Signed (parent/carer) .....Date.....

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I give my consent for my child to be photographed by Breakfast Club staff (Parents/carers have the right to refuse).

Signed (parent/carer)Date.....

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*Any changes to the information provided on this form must be notified to GSMA in writing.*

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Please provide any additional information you feel would be relevant to the care of your child.