



**Leavesden Green JMI School & Nursery  
Breakfast Club  
Consent Form**

**TO BE COMPLETED AND HANDED IN BEFORE YOUR CHILD MAY ATTEND THE BREAKFAST CLUB.**

Please use capital letters and black ink.

Child's name \_\_\_\_\_

Class \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_

Tel No: Daytime \_\_\_\_\_ Mobile \_\_\_\_\_

Emergency contact name and telephone number:

1. \_\_\_\_\_

2. \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary requirement \_\_\_\_\_

Cultural background \_\_\_\_\_

I agree that my child may attend breakfast club. He/she will abide by the rules set out in this leaflet. I agree for my child to be treated by the first aider if needed.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Child's signature \_\_\_\_\_