

**CNPS BREAKFAST CLUB – STUDENT CONTACT DETAILS**

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile)

Emergency Contact Details:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**STUDENT MEDICAL DETAILS**

Does your child suffer from Asthma? (Yes/No) \_\_\_\_\_

What medication does your child usually take for asthma at home? \_\_\_\_\_

What medication does your child usually carry for asthma at school? \_\_\_\_\_

Does your child have an asthma management plan? (Yes/No) \_\_\_\_\_  
(If yes, please provide a copy to the school)

What are your child's normal symptoms when they have asthma?

Wheezing  Coughing  Tightness in chest  Difficulty in breathing  Symptoms with exercise

Other Symptoms \_\_\_\_\_

Major illnesses or impairments \_\_\_\_\_

Please indicate the type of impairments:

Impaired Hearing  Impaired Speech  Impaired Sight  Mobility Impaired

**Eggs are part of the breakfast club menu, so it is imperative that we know if your child has an allergy to them.**

Food Allergies \_\_\_\_\_

Special Dietary Requirements \_\_\_\_\_

Allergies \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

**CONSENT SECTION**

*I give my consent for my child to attend the Clayton North Primary School Good Start Breakfast Club.*

Signature .....