

Edward Peake C of E (VC) Middle School
The Breakfast Club Consent Form



Pupil's Details:

First name:	Surname:
D.O.B:	School Year/Reg Group:

Special needs

Are there any health, welfare, social, behavioural or other factors that we should know about?

Parent/Guardian Details:

First name:	Surname:
Contact no:	Email:
First name:	Surname:
Contact no:	Email:

I hereby consent that the following child _____ is given permission to attend The Breakfast Club under the supervision of Mrs Bilcock and Miss Wren.

Signature:

Name:

Date: