M.E.E.T. around the table with Petra

This club will be run by Petra Shakeshaft and the details on this permission slip will be held by her.

Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class/year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Arrangements for collecting my child.**

S/he will: (Please circle)

be collected by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

go to after school club

walk home alone

Are you happy for your child to be given a snack and drink of water

(including fruit, vegetables, biscuits, breadsticks, etc)? Yes/no

Does your child have any food allergies or intolerances? Yes/no

If Yes, please give details.

Are there any other medical concerns that we should know about? Yes/no

Please give details.

Signed: …………………………………………………………………………………………

Please return by Monday 24th September

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