

TERM 3 BREAKFAST CLUB FORM

Please return completed form in by Monday 17th July

I give permission for _____

in grade _____ to participate in the school breakfast club in term 3 2017.

SIGNED _____

I give permission for the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical treatment as may be deemed necessary.

DATE	Cold Milk	Multigrain Cherios	Rolled Oats	Weet Bix	Canned Fruit	Baked Beans	
						Toast	No Toast
18/7							
25/7							
1/8							
8/8							
15/8							
22/8							
29/8							

Please list any allergies below
