

**St. Andrew’s Church of England VC Primary School**

**Mill Race**

**Stanstead Abbotts**

**Nr. Ware**

**Hertfordshire**

**SG12 8BZ**

**Headteacher: Mrs Helen Gillingham
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Dear Parent

**Re: Right Start Breakfast Club**

As a matter of course, all the medical information that the school holds for each child is used by the Right Start Breakfast Club. However, as the club runs at a time before the School Office is open each morning, the information is not always easily available to the Breakfast Club staff. Therefore, we would be very grateful if you would confirm any allergies or food intolerances that your child has, by completing the attached slip. This information can be retained by Breakfast Club staff in order to ensure smooth running every morning.

If, as a result of an allergy or food intolerance, you would prefer to provide Breakfast Club with any specific provisions for your child, please use the attached slip to confirm this.

Thank you for your support of our Right Start Breakfast Club.

Yours sincerely

**Mrs H. Gillingham**

**Headteacher**

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**Right Start Breakfast Club Medical Information**

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following medical condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_which is relevant to the club.

My child has the following allergy/food intolerance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which is relevant to the club.

Due to my child’s allergy/ food intolerance, I wish to provide the following provisions for my child at

Breakfast Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_