

Little World

Cookery Club 🧑🍳🧑🍳

Application and parental consent form

I would like my child to join the **Little World Cookery Club**

at Saltford Primary School n Wednesday 3:15-4:30 pm

Name of child :

_____ Class: _____

Name of parent /carer : _____

Email: _____

Emergency contact number: _____

Medical information :

- Does your child have any allergies? Y ___ N ___

- If 'Yes', please give details

- Does your child have any medical issues/ use any medication ?

- Y ___ N ___

- If 'Yes', please give details

Signed: _____ (Parent/Carer)

If your child cannot attend any club sessions for whatever reason, I would be grateful if your could let me know in advance. This is for the safety of your child so that I can account for any non-attendance.