GHYLLSIDE OUT OF SCHOOL CLUB

DIETARY NEEDS FORM SEPTEMBER 2017

Please ensure that you complete a Dietary Needs for each child attending Ghyllside Out of School Club.

Name of child:	D.O.B.
DIETARY INFORMATION RELEVANT TO GHYLLSIDE OUT OF SCHOOL CLUB (E.G. ALLERGIES, DIABETES, SPECIFIC DIETRY REQUIREMENTS SUCH AS VEGETARIANISM ETC)	
ADDITIONAL NOTES	
Signature of Parent/Guardian	
Date	

