Medical/Personal Details Form

thornbridge outdoors

Please complete the form below, shortly before your visit, listing ONLY those students with medical needs/conditions and other issues that Thornbridge might need to be made aware of.

School/Group:		**Date(s) of stay:**	
Accommodation:	Farm / Lodge / Camp / Day group (please delete as appropriate)	**Date form completed:**	

Name	**Medical needs/conditions we need to aware of (eg. Illness, allergies, night time tendencies or any special needs)**	**Medication that might need to be taken whilst at Thornbridge**