**Schools & Youth Groups Names and Medical List**

|  |  |  |  |
| --- | --- | --- | --- |
| **School/group name:** |  | **Date(s) of activity:** |  |
| **Accommodation / visit type:** | Lodge | Farm House | Base Camp | Woodlands | Day visit | Offsite activity |

|  | **Forename** | **Surname** | **DOB** | **Year group** | **Medical needs/conditions we need to aware of (e.g. illness, allergies, mobility issues & special needs - continue on separate sheet if needed)** | **Non-swimmer** | **Non-cyclist** | **GDPR Image Consent (Y/N)\*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Group 1** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
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| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| **Activity Group 2** |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |
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| 23 |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |
| **Activity Group 3** |
| 25 |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |
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| 36 |  |  |  |  |  |  |  |  |

Please use additional sheets if required.

**Staff**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Forename** | **Surname** | **Medical needs/conditions we need to aware of (e.g. illness, allergies, mobility issues & special needs)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |
| --- |
| Comments:  |
| Confirmed for accuracy on arrival: Name: Signed: |

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