**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** | | | | | | | | |
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| 12 |  |  |  |  |  |  |  |  |
| **Activity Group 2** | | | | | | | | |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |
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| 24 |  |  |  |  |  |  |  |  |
| **Activity Group 3** | | | | | | | | |
| 25 |  |  |  |  |  |  |  |  |
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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 |  |  |  |
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|  |
| --- |
| Comments: |
| Confirmed for accuracy on arrival: Name: Signed: |

\* You have obtained and give us consent to take images, moving footage and audio comments to be stored and used by Sheffield City Council for publicity or marketing purposes. The data may be shared with 3rd party organisations in order to fulfil the communication work necessary, e.g. providing images to design / print agencies.

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