

Schools & Youth Groups Names and Medical List

Please bring a completed copy of the form below with you and hand it in to your coordinator on your arrival, do not email this to us.

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

Group members:

	Forename	Surname	Age / 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)*
1							
2							
3							
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6							
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19							
20							
21							
22							

	Forename	Surname	Age / 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)*
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							

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:

Signed:

Name:

* 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.

We collect this information to protect the vital interests of everyone, to keep everyone safe and to be able to act in an emergency. For more information, please see our privacy policy: www.thornbridgeoutdoors.co.uk/privacy