Please complete one of these forms for **each activity group**. Include **all** students whether they have a medical condition or not, as it also acts as our class role/attendance sheet.

*This Information is to be emailed to your Kinchant OEC coordinator* ***2 weeks*** *prior to your program commencing****.***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Group:** | | | **School:** | | | | | **Date:** | |
| **Student** | **Gender** | **Tent No.** | **Medical conditions/ Specialised learning needs** | **Swim Ability** | **Perm. For Photos (Yes/No)** | **IEP** | **Emergency contact Name** | | **Emergency contact ph** |
| *Eg. Paige Turner* | *F* | *BB3* | *Asthma – Mild, carries own medication. Last attack 2/11/24* | *25m* |  |  | *Rita Book* | | *0455049364* |
| 1. |  |  |  |  |  |  |  | |  |
| 2. |  |  |  |  |  |  |  | |  |
| 3. |  |  |  |  |  |  |  | |  |
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| 16. |  |  |  |  |  |  |  | |  |
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| 18. |  |  |  |  |  |  |  | |  |
| 19. |  |  |  |  |  |  |  | |  |
| 20. |  |  |  |  |  |  |  | |  |
| **Adults** | | | | | | | | | |  |  |  |  |  | **Adults** |
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