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****.***

|  |  |  |
| --- | --- | --- |
| **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* |[x] [ ]  *Rita Book* | *0455049364* |
| 1. |  |  |  |  |[ ] [ ]   |  |
| 2. |  |  |  |  |[ ] [ ]   |  |
| 3. |  |  |  |  |[ ] [ ]   |  |
| 4. |  |  |  |  |[ ] [ ]   |  |
| 5. |  |  |  |  |[ ] [ ]   |  |
| 6. |  |  |  |  |[ ] [ ]   |  |
| 7. |  |  |  |  |[ ] [ ]   |  |
| 8. |  |  |  |  |[ ] [ ]   |  |
| 9. |  |  |  |  |[ ] [ ]   |  |
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| 11. |  |  |  |  |[ ] [ ]   |  |
| 12. |  |  |  |  |[ ] [ ]   |  |
| 13. |  |  |  |  |[ ] [ ]   |  |
| 14. |  |  |  |  |[ ] [ ]   |  |
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| 16. |  |  |  |  |[ ] [ ]   |  |
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| 18. |  |  |  |  |[ ] [ ]   |  |
| 19. |  |  |  |  |[ ] [ ]   |  |
| 20. |  |  |  |  |[ ] [ ]   |  |
| **Adults** |  |  |  |  |  | **Adults** |
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