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|  | **GROUP LIST & SYNOPSIS**  |

Please use the information provided by parents and adult participants on returned forms to populate this summary. Make sure to Include all ***Dietary, Medical and activity Consent*** Information medical and consent form.

Make sure to complete a separate form for **each activity group** and include **all** students whether they have a medical condition or not, as it also acts as our class role/attendance sheet.

*Please email this list to your Kinchant OEC coordinator &* ***program@kinchantoec.eq.edu.au*** ***no later than 2 weeks*** *prior to your program commencing****.***

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| --- |
| School: <<<Click here to insert your school’s name >>> Date:Click here to enter a date. Activity Group: Click to add activity group name  |
|  |  |  |  |  |  |  |  |
| **Student’s Name** | **Gender**  | **Tent No.** | **Duty Grp.** | **Dietary requirements / Medical Conditions/ Medication /Specialised learning Needs etc.** | **Swim Ability** | **Perm. For Photos (Yes/No)** | **IEP** |
| *Example**Jay Smith* |  | *BB3* | *Mon D* | *Asthma – Mild, carries own medication**Last attack 2/11/07* | *25m* |[x] [ ]
| 1.  |  |  |  |  |  |[ ] [ ]
| 2. |  |  |  |  |  |[ ] [ ]
| 3. |  |  |  |  |  |[ ] [ ]
| 4. |  |  |  |  |  |[ ] [ ]
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| 19. |  |  |  |  |  |[ ] [ ]
| 20.  |  |  |  |  |  |[ ] [ ]
| **Accompanying teacher/s Name**  | **Gender**  | **Tent No.** | **Duty Grp.** | **Details of Medical Conditions/ Medications/ Diet Needs etc.** | **Swim Ability** | **Perm. For Photos (Yes/No)** |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Accompanying adults**  | **Gender**  | **Tent No.** | **Duty Grp.** | **Details of Medical Conditions/ Medications/ Diet Needs etc.** | **Swim Ability** | **Perm. For Photos (Yes/No)** |  |
|  |  |  |  |  |  |  |  |
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***Activity Group Packs:***

*Please Collate Student and Adult Medical and Activity Consent Forms under this list in “activity group packs” the order consistent with each Group List, and bring two sets of each activity group pack with you when you come to camp,*