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|  | **GROUP MEDICAL SYNOPSIS** |

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 or****principal@kinchantoec.eq.edu.au***

***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** | **Male / Female**  | **Tent No.** | **Duty Grp.** | **Details of Medical Conditions/ Medications/ Diet Needs etc.** | **Swim Ability** | **Perm. For Photos (Yes/No)** | **IEP** |
| *Example**Jay Smith* | *M* | *BB3* | *Mon D* | *Asthma – Mild, carries own medication**Last attack 2/11/07* | *25m* |[x] [ ]
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