



Let the adventure begin...

Parent Medical and Dietary information

**PLEASE RETURN THIS FORM TO \_\_\_\_\_ BY \_\_\_\_\_**

Please take a few minutes to fill in the form below as it is vital we have the following information with regards to your child taking part on the upcoming residential trip.

Child's Name:

Date of Birth:

Medical Information:

Dietary Information (including allergies/vegetarian):

Learning/Behavioural difficulties:

Will this affect their ability in activities? If yes, please provide some more detail for our instructors:

Water confident (can swim 25m):      Yes       No

Parent Name:

Signed:

Date: