**Group Name:**

**Date: Week No:**

**Please fill in all pages of this form**.

If you have any queries on how to fill this form in please ask.

|  |  |  |
| --- | --- | --- |
| **FINAL NUMBERS:** | **Boys** |  |
| **Girls** |  |
| **Male Staff** |  |
| **Female Staff** |  |
| **TOTAL** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DIETARY INFORMATION:**  ***Please tick corresponding boxes next to name***  ***If multiple people have the same dietary requirements such as ‘halal’ and have no other dietary needs, you may state in the additional information section of this form a total number.*** | **Name** | Gluten/Wheat Free | Dairy Free | Vegetarian | Vegan | Halal | Other |
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| **ALLERGEN & OTHER DETAILS:**  **Please state the severity of any allergies, e.g. do they carry an epi pen?**  ***\*Best practice guidance states that people at risk of anaphylaxis carry 2 Epi pens with them at all times. We therefore require all visitors at risk of anaphylaxis to be in possession of their full medication \**** | **Name** | **Allergen Detail** |
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| **BIRTHDAYS (that fall during the residential)** | **Name** | **Date of Birthday** | **Age** |
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| **ADDITIONAL INFORMATION** |  |

## Activity Group Lists

1. Please ***COPY*** and complete an Activity Group List for ***EACH*** Activity Group.
2. It is very useful for our instructing staff to be aware of any medical and behavioral background information on individual children.
3. This form is also our ***FIRE LIST*** and as such we ***NEED*** to know the bedroom number for each person on site (adults and children).

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| --- | --- |
| **Name of Organisation** |  |
| **Date of arrival** |  |
| **Date of departure** |  |
| **Activity Group Number** |  |

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| --- | --- | --- | --- |
| **NAME OF LEADERS** | **Room No** | | Relevant Medical Notes |
| 1. |  | |  |
| 2. |  | |  |
|  | | | |
| **PLEASE USE CAPITAL LETTERS – ensure correct spelling of full names.** | | | |
| **NAME OF GROUP MEMBERS** | **Room No** | Relevant Medical Notes | |
| 1. |  |  | |
| 2. |  |  | |
| 3. |  |  | |
| 4. |  |  | |
| 5. |  |  | |
| 6. |  |  | |
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| 11. |  |  | |
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