UKSA
Sea. Change.

Quick reference dietary and medical form

School / Group Name: _____ Dates _____ – _____

Name	Dietary/Medical Details	M/F	Photo Consent	Swim 50m
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
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			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no

Photocopy to suit requirements
Please note: it is vital that all children requiring medication bring sufficient supplies for their stay