



Medical Summary

Course Details

SCHOOL/GROUP	COURSE DATES FROM	TO	TEACHER/S ATTENDING	NO. OF STUDENTS	MALE	FEMALE
SCHOOL/GROUP CONTACT		SCHOOL PHONE (BH)		SCHOOL EMERG PHONE (AH)		

Medical Summary

NAME	AGE	MEDICAL CONDITIONS	RECOMMENDED TREATMENT	EMERGENCY PERSON PHONE #	OTHER: SWIM, DIETARY ETC.



NAME AGE MEDICAL CONDITIONS RECOMMENDED TREATMENT EMERGENCY PERSON PHONE # OTHER: SWIM, DIETARY ETC.

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