**Entrust Outdoors Medical Summary Sheet**

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| --- | --- |
| **School /**  **Group Name:** | **Date/s of**  **Visit:** |

*PLEASE TICK ANY RELEVANT BOXES AND PROVIDE DETAIL. RECORD INFORMATION FOR ALL VISITORS INCLUDING STAFF.*

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| **FULL NAME** | **ASTHMA** | **EPILEPSY** | **DIABETES** | **HAYFEVER** | **OTHER ALLERGIES** | **SEN** | **DISABILIITY** | **PHYSICAL RESTRICTION** | **MEDICATION** | **DETAILS** |
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*Continue on another sheet if necessary.*