

Rock UK Medical Conditions Form
SPREE - Urban Saints

**To include ALL young people and leaders participating in activities,
 whether or not they have medical conditions**



PLEASE HAND IN THIS FORM ON ARRIVAL

GROUP NAME: _____

Group leader name: _____

Group leader contact number whilst at SPREE: _____

	Name of Group member	Any Special Needs/ Medical Conditions
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By signing below, you confirm that you have obtained parental consent for participants under 18 listed above to take part in the instructed activities at Rock UK Frontier Centre, and all participants are aged 6+ years.

Signed: _____

Date: _____