

ACCOMPANYING STAFF PERSONAL DETAILS

GHYLL HEAD

Outdoor Education
& Activity Centre

SURNAME:		FIRST NAME:	
MALE/FEMALE:	DOB:	NI NUMBER:	
ORGANISATION:			
OCCUPATION:			
SPECIAL DIETARY REQUIREMENTS:			
Any medical or physical conditions new or old that the Ghyll Head staff need to be aware of:			
We will do our best to accommodate your physical abilities and attributes. However, we reserve the right to restrict your participation to keep you safe and healthy!			
ANY SERIOUS ALLERGIES:			
PRESCRIBED MEDICATION:			

PERSON TO BE CONTACTED IN AN EMERGENCY

NAME:
ADDRESS:
RELATIONSHIP:
PHONE NUMBER HOME:
PHONE NUMBER WORK:

DOCTORS SURGERY CONTACT DETAILS

PHONE NUMBER:	
YOUR SIGNATURE:	DATE:

In partnership with



MANCHESTER
CITY COUNCIL