

Client Name: Y18 Boys 8C

Date: 28.7.21

Group 1

AM	Lead Instructor: <u>CEORIC</u>	2 <sup>ND</sup> Instructor: <u>LSH</u>	SI Initial:
	Lead Instructor Signature: <u>[Signature]</u>	Visiting Staff:	<u>HE</u>
	Session Information: (activity & Venue) <u>CANOE (CASE SPARS TO HAMBRE RAFT)</u> <u>CLIFF SUPP.</u>		Initial on return:
PM	Lead Instructor:	2 <sup>ND</sup> Instructor:	SI Initial:
	Lead Instructor Signature:	Visiting Staff:	
	Session Information: (activity & Venue)		Initial on return:
Eve	Lead Instructor:	2 <sup>ND</sup> Instructor:	SI Initial:
	Lead Instructor Signature:	Visiting Staff:	
	Session Information: (activity & Venue)		Initial on return:

By signing the lead instructor agrees they are satisfied that all safety measures are in place for the session.

	Group members (including visiting staff)	Medical and additional information
1	ALASTAR TBGS	IRLEN SYNDROME
2	IBRAHIM PATEL	ASTHMA
3	LEUSH PATEL	NOT + ANIMAL FOR ALLERGY <sup>NO EPI PEN REQUIRED</sup>
4	HARRISON PRICE	
5	HAMZAH QASRUDDIN	ECZEMA
6	MAX ROBERTS	RECESSIVE LEG SYNDROME.
7	ZAN SABIR	ASTHMA
8	SIHAN SAIDI	
9	IBRAHIM SIREKHAPIM	
10	ALFIE SMITHURST	HAM FEVER
11	NATHANIEL WASHORN	GASTRIC REFUX AT NIGHT
12	<del>* AMAN SAMATHA (MGT THOR)</del>	
13	LEON LAZO	
14		
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16		
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