**PLAS GWYNANT**

**DIETARY AND MEDICAL INFORMATION FORM**

To ensure effective preparation, please complete this form and send to [Debbie\_bacon@sandwell.gov.uk](mailto:Debbie_bacon@sandwell.gov.uk)

at least **2 weeks prior to your visit.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School/group:** | | | **Key stage:** | |
| **Date of Course**: | | | | |
| **Pupil numbers:** | | **Boys:** | | **Girls:** |
| **Sandwell schools only:** Please state number of Looked After Children (if any) in your group.  Please complete even if nil – do not leave blank: | | | |  |
| **STAFF NAMES -** Please give first names too and not just Miss/Mr | | | | |
|  |  | | | |
|  |  | | | |
|  | Mobile number of member of staff travelling on the coach: | | | |

**Special Diets and Food Allergies:**

We are unable to provide Halal products, vegetarian option is recommended as an alternative, please include in list below.

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| --- | --- | --- | --- | --- | --- | --- |
| Name | Vegetarian | No fish | No pork | No beef | No dairy | Allergies /further notes |
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**Disabilities/Medical conditions**

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| --- | --- | --- |
| Name | Nature and severity of disability/medical conditions | Implications on activities |
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**Special Needs (learning/behavioural)**

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| --- | --- | --- |
| Name | Nature and severity of special needs | Implications on activities |
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**Please note:** Anyone who has suffered from sudden repeated vomiting and/or diarrhoea must be free from symptoms for 24 hours before coming to the centre.