

**School / Club Name:**  
**Contact Number:**

**Centre:** REDDITCH / BARTLEY GREEN  
(Delete as appropriate)

## YOUTH AFLOAT: Group Emergency and Medical Details

Date of visit .....

Group Number / Name (if applicable) .....

### Children

number	Child's Name	Medical Information	Emergency Contact Name & Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

### Accompanying Staff

Name	Medical Information	Emergency Contact Name & Number

Please ensure all sections of this forms are completed then return it to the centre, along with individual consent forms, on the day of your visit.

**Thank you.**