

# Maroon Outdoor Education Centre GROUP MEDICAL SYNOPSIS

SCHOOL: \_\_\_\_\_ SCHOOL TEACHER/S: \_\_\_\_\_

CAMP GROUP : \_\_\_\_\_ MAROON TEACHER: \_\_\_\_\_

Please complete **alphabetically** in **activity groups**. The Maroon co-ordinator will allocate cabins and schedule Duty Groups. This form must be **faxed** at least **seven (7) days prior to the program**. Please bring original medical forms and all **Medical Management Forms** with you, **do not post**. **PLEASE PRINT**.

STUDENT'S NAME	MALE / FEMALE	DETAILS OF MEDICAL CONDITION MEDICATION/DIETARY REQUIREMENT	SWIM ABILITY	MED. MAN. FORM/S	IEP
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
Teacher					
Teacher					

EXAMPLE : Jay Smith                      M                      Asthma - mild, carries own medic., last attack 2/11/01                      50m                      √                      √