



Emergency Dietary & Medical Summary Sheet

Please share with us the details of Allergies, Medical Conditions, Behaviour Issues etc., and bring with you the Medical Plan of Care (with photo) of any students with medical concerns.

Staff Supervisor Name:		School:	
Trip Date:			

Summary of Medical Requirements

Name (indicate role, student/teacher/supervisor)	Description of Medical Needs	Medication or Attention Required

Summary of Dietary Requirements

Name (indicate role, student/teacher/supervisor)	Description of Dietary Needs	Attention Required



Summary of Students who may not be Filmed/Photographed

Name (indicate role, student/teacher/supervisor)