**Pentrellyncymer Summary of Information Sheet**

**School / Organisation: Dates:**

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|  | **Name:** **Pupils /** **Young people** | **M/F** | **Yr****Gp** | **Medical****Needs** | **Dietary****Needs** | **Behavioural or other additional needs** | **Extra support?****(tick and attach additional details if required)** | **Activity****Group****(1,2,3)** |
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|  | **Name:** **Pupils/ Young people** | **M/F** | **Yr****Gp** | **Medical Needs** | **Dietary Needs** | **Behavioural or other additional needs** | **Extra support?** | **Activity****Group****(1,2,3)** |
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|  | **Accompanying Adults Name:** | **M/F** | **Medical Needs** | **Dietary Needs** | **Any other relevant information** |
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