**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)** |
| 1 |  |  |  |  |  |  |  |  |
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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** | | |
| 1 |  |  |  | |  |  | | |
| 2 |  |  |  | |  |  | | |
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