**Student Alert List**

This form must be returned by email at least 10 working days prior to your arrival to

admin@tinarooeec.eq.edu.au

**School Name:**

**Camped at:** Barron River Campus or Black Gully Campus (delete one)

**Group Name:**

*\*\*\*Please complete one of these forms for each class (camp) group\*\*\**

Please use individual consent forms to provide TEEC with essential ‘Alert’ information.

List only those with dietary requirements or medical conditions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Student Name** | **Dietary Requirements** | **Severe Medical Conditions** | **Other Important info re Student**  |
|  | Eg. Student Smith | Vegetarian | Severe Asthma | Non-swimmer, NESB |
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Principal’s signature: ………………………………….