**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](mailto: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 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |

Principal’s signature: ………………………………….