



**Medical Form for visits to
United Utilities Environmental Education Centres.**

In the event of a serious incident involving a member of your class / group at a United Utilities site, please give details of someone within your school who may be contacted.

Name of School _____

Name of Contact _____

Position _____

Telephone _____

Date of Visit _____

If any pupil or adult has a **medical condition**, that we should be aware of, please give details below:

<u>Name</u>	<u>Condition</u>

In order for us to pitch the activities at the right level it is important for us to know in advance the ability of your group. It would be appreciated if you can fill in the details below:

No in Group _____	Ability of group:	<input type="checkbox"/> high	<input type="checkbox"/> average	<input type="checkbox"/> low
or please specify equivalent ability age range: _____				
Number of pupils with statements: _____				
Number of special needs pupils: _____				
Please give details: _____				

Do pupils have their own assistants who will be present on your visits? _____				

For Health and Safety purposes it is important that all sections of this form have been completed.

All information will be treated as confidential.

Thank you for your co-operation,

United Utilities Education Liaison Staff

**** Please return this form by fax before your visit on: **
01257 423364**