

## GROUP LIST

**Must be completed prior to sessions and given to Arthog Staff for reference and records.**

Group/ School:		Group No. Dates;		Emergency contact name:	Phone
NAME	M/F	Type of consent received		MEDICAL, BEHAVIOURAL & SOCIAL INFORMATION (refer to consent form and relevant knowledge)	Vulnerable learner
		Arthog	Group/ School, Verbal (date/ who from)		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
STAFF					Staff mobile phone number
STAFF					Staff mobile phone number

**I have received consent to proceed with the activity from the parents/ guardians of the above named participants and they are aware of the risks associated with the Adventurous Activities.**

**Form completed by;..... Date:.....**

Privacy Statement: Telford and Wrekin are collecting this personal data to enable you/your child to benefit from their Outdoor Education Service at Arthog Outreach, and in the case of an emergency to protect the vital interests of you/your child. Telford and Wrekin Council will not share any personal data collected with any other external organisation unless required/permitted to do so by law. Please view the Privacy Page on the Council's website; [www.telford.gov.uk](http://www.telford.gov.uk)