

# TEACHER INFORMATION

(In Strictest Confidence)

Please provide details of the staff that will be accompanying pupils to African Adventure to help us meet your needs during your visit.

Name of School: ..... School Telephone No: .....

## Teacher 1.

Full Name: .....

Names Pupils know you by: .....

Do you suffer from any allergy (including nuts)? YES / NO  
(Please give full details)

Any other special dietary requirement? (e.g. Vegetarian, vegan or any food intolerance) YES / NO

If vegetarian please indicate whether you eat the following: Fish  Cheese  Milk  egg  Quorn

Is there anything else we should know about? YES / NO  
(e.g. Recent operations, prone to fainting/dizziness, other medical conditions)

## Teacher 2.

Full Name: .....

Names Pupils know you by: .....

Do you suffer from any allergy (including nuts)? YES / NO  
(Please give full details)

Any other special dietary requirement? (e.g. Vegetarian, vegan or any food intolerance) YES / NO

If vegetarian please indicate whether you eat the following: Fish  Cheese  Milk  egg  Quorn

Is there anything else we should know about? YES / NO  
(e.g. Recent operations, prone to fainting/dizziness, other medical conditions)

## Teacher 3.

Full Name: .....

Names Pupils know you by: .....

Do you suffer from any allergy (including nuts)? YES / NO  
(Please give full details)

Any other special dietary requirement? (e.g. Vegetarian, vegan or any food intolerance) YES / NO

If vegetarian please indicate whether you eat the following: Fish  Cheese  Milk  egg  Quorn

Is there anything else we should know about? YES / NO  
(e.g. Recent operations, prone to fainting/dizziness, other medical conditions)

Please make a copy of this form for additional school staff as required.

**Thank You**