

UCC Student Activity	Trip Health Declaration	Health and Safety for Student Activities
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Confidential - Health declaration for each travelling student

To be completed by each travelling student (information to be kept confidential unless required and destroyed or returned to student following trip)

Name:	Student No:
Next of Kin / Emergency contact details:	Your Address:

Your Health and Functional Capabilities

Do you have any medical or other conditions of which we should be aware? These may be classed as any condition which could potentially impact upon you when travelling and/or conducting planned activities. eg. diabetes, epilepsy.

Yes		No	
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If **yes** to the above, give details (e.g. when condition developed, severity, effects, medication and recommended treatment in the event of an issue). Continue on another sheet if required.

Do you have any allergies?

Yes		No	
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If **yes** give details: _____

If your answer is "Yes" to either of the above questions – we request you inform the trip organiser prior to departure, and give details.

If you would like any further advice on your health in relation to the trip please contact the UCC Student Health Department - +353 (0)21 4902311

Ensure you've answered ALL questions as not doing so may result in not being permitted to travel.

DECLARATION

I certify that my answers to the questions are complete, accurate and no information has been withheld. I understand that if this is later shown not to be the case it may result in exclusion from the travel.

Signed: _____

Print Name: _____ Date: _____