

**Student Travel Declaration**

Strathclyde Students’ Union organisers will do their utmost to ensure risks are minimised and that they safety of all participants is considered well in advance. However, everyone involved will also be responsible for their own safety while on trips and are expected to consider their behaviours to ensure they are not putting themselves or other participants at risk.

|  |  |
| --- | --- |
| Name & Trip Title |  |
| Dates of Travel |  |

**Personal details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Mobile Number |  |
| Email |  |
| Age and Date of Birth(for insurance purposes |  |
| Exact Name on Passport and Passport Number |  |
| Do you have a current EHIC card?http://www.nhs.uk/chq/Pages/1073.aspx | Yes/No |

**Medical information**

|  |  |
| --- | --- |
| Do you have any access issues/physical limitations that need to be considered for this trip? | Yes/NoPlease give details |
| Do you have any special dietary requirements? | Yes/NoPlease give details |
| Do you have any extra support requests for the trip that you think the organisers should know about? | Yes/NoPlease give details |
| Do you have any illness or disability at the present time? | Yes/NoPlease give details |
| Have you had any other serious illness or operations recently that may need to be considered when travelling? | Yes/NoPlease give details |
| Are you taking any prescribed medicine/inhalers/injections or eye/ear drops which the organisers should be aware of? | Yes/NoPlease give details |
| Have you had/do you have asthma, hayfever or any allergic condition that the organisers should be aware of? | Yes/NoPlease give details |
| Have you been in contact with any infectious diseases in the past 4 weeks which may need to be considered? | Yes/NoPlease give details |
| Have you been immunised against:* BGC (Tuberculosis)
* MMR
* Hepatitis B

Have you ever had chickenpox/shingles? | Yes/NoYes/NoYes/NoYes/No |

**Emergency contact details**

Please provide us with details for two emergency contacts. This could be a family member, relative or friend.

|  |  |
| --- | --- |
| Name |  |
| Contact number |  |
| Email address |  |
| Relationship |  |

|  |  |
| --- | --- |
| Name |  |
| Contact number |  |
| Email address |  |
| Relationship |  |

I understand that by signing this declaration, I undertake to ensure the reputation of Strathclyde Students’ Union is upheld during the trip and I will behave in a way which does not put other members at risk or bring the Union into disrepute.

I oblige to inform the trip organisers of any issues or occurrences which may cause harm or hazard to any participants on the trip.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |