Appendix 8: Student field trip acknowledgement form

Student field trip acknowledgement form

CONTACT	Student's Details	Emergency Contact Details (next of kin)		
	Name:	Name(s):		
	ID No.:	Phone:		
308	Mobile:	Mobile:		
0)				
	Do you have any special dietary requirements?		YES / NO	
	If YES, please specify,			
	Do you have any medical conditions or disabilities that;		YES / NO	
	May affect your ability to participate in this fieldwork safely?			
79[May affect how you may receive treatment in an emMay affect anybody providing you with treatment?	nergency?		
MEDICAL	If YES, please specify, Please indicate any medications that you may require in an emergency			
	Do you have any other special requirements or concerns?		YES / NO	
<u> </u>	If YES, please specify		123 / 140	
OTHER				
0				
<i>DECLARATION</i>				

I have read and understand my responsibilities and obligations as set out under "Information for Student Field Trip Participants" in respect of my attendance on field trips organised by the School of Environment. I agree to abide by these and at all times will conduct myself in a manner consistent and compatible with them.

The information I have provided above is true and accurate.

I agree to provide a medical certificate in respect of any details provided above if required to do so by the field trip leader or other authorised person.

""" the second of the above will be kept in confidence and used in my best interests and

recognise that any information I divulge in respect of the above will be kept in confidence welfare only.	ce and used in my best interests and
Name:	
Signature:	Date: