DUBLIN CITY UNIVERSITY Academic Field Trip Approval Form

For the safety and overall welfare of all Dublin City University Students, each student must read and be willing to confirm his/her agreement to the terms of this document before being accepted on a university sanctioned Field Trip.

Degree Programme:	
Trip name/location(s):	("the Trip")
Dates of the Trip:	

STUDENT DECLARATION

Standards of Conduct

I understand that as a Student of Dublin City University (the "University"), I will be viewed as a member of the university. Accordingly, I recognize that behavior on my part that's violates laws or university regulations could reflect negatively not only on myself but also the University. I am fully aware that as an officially sanctioned academic programme trip of the University, all University rules and regulations apply. This includes:

- The DCU Code of Discipline and Code of Conduct (http://www.dcu.ie/info/regulations/pdf/discipline.pdf)
- *The Policy to Promote Respect and Protect Dignity* (http://www.dcu.ie/equality/respect.shtml)

Specific Rules for the Trip:

- 1. Instructions of DCU academic members of staff will be followed at all times
- 2. No alcohol is permitted in the accommodation facilities.
- 3. Curfew each night is 2am at the latest.
- 4. Students must attend all classes and field work components and other class activities unless excused by an academic member of DCU staff.
- 5. Each student has a responsibility to ensure that he/she is not, through the consumption of alcohol or a drug, in such a condition as to endanger personal safety or that of others.
- 6. Each student should have consideration for others particularly in hotels and other residential accommodation and must always act in a manner that does not jeopardise either their own, a fellow colleagues or member of the public's health, safety and welfare.

Failure to abide by the above rules and/or the University Code of Conduct may results in sanctions up to and including being sent home and/or expulsion from the University.



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Health and Safety

I recognize that I am responsible for my personal medical needs. I declare that there are no health-related reasons or problems which restrict my participation in this programme or, if there are, I have provided all relevant details in response to questions below.

Q1. Do you have any know medical condition, including allergies that may affect your health and safety on the field trip? \Box YES \Box NO
If YES, please provide details on the nature of the condition and possible symptoms that might be observed.
Q2. Do you carry any special medication or medical equipment?
If YES, what is the medication, and where can it be found if needed?
Please note: Medical Information will be kept confidential with the Field Trip Academic lead member of staff
In the event of an emergency situation, the contact provided by me below will be informed as soon as possible.
Emergency Contact number
Name: Contact no:
Mobile no.
Relationship:
Address:
I hereby waive and release all claims against the University and its officers,



employees or agents arising from incidents or issues arising on the Trip

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including but not limited to incidents or issues that arise at a time when I am not under the direct supervision of the University and its officers, employees or agents or that are caused by my failure to remain under such supervision or to comply with such rules, standards and instructions as are brought to my attention during the Trip.

Signature of student	Date
Print Name	Mobile phone number
Witness:	
Name:	
Address:	

Note: This form will be used/kept in confidential manner, information will only be used (i) in relation to your health and safety during the Trip, field trips and/or related work and/or (ii) to deal with any disciplinary or other issues arising which the University may need to deal with at any time.

Thank you for your cooperation and safe journey!

