

Durham University and College Sport**HEALTH DECLARATION 2014/15**

In an attempt to provide the best possible care for all individuals playing sport, organised or sanctioned by the Athletic Union, we request that you complete this form. The form will be held by your team captain, who will take it to all training sessions and matches, and a copy will be lodged with Dr A. Cattermole (Head of Health & Safety) at Maiden Castle.

This form will only be used in the event of a significant injury or health problem.

The purpose of this declaration is to provide:

- immediate access at the site of next-of-kin details
- information that may be necessary for treatment either on site or at hospital

This is an annual process with all forms being destroyed at the end of each academic year.

Name _____ Date of Birth _____

College _____ Club/Society _____

Name of Emergency Contact _____

Telephone Number of Emergency Contact _____

Home Address

1. Do you have any medical condition that any individual treating you should know about? YES/NO

Details _____

2. Do you take medication to control a medical condition? YES/ NO

Details _____

3. I am not knowingly suffering from any medical condition, injury or incapacity that could prevent me from participating fully in sporting activities.

Signed _____ Date _____