

Mystic Seaport Health Form – *Brilliant Youth Trip*

Trip Date: _____

The information on this form is gathered to assist us in identifying appropriate care for the individuals sailing with us. Please take time to fill it out completely.

Name _____ Birth date _____ Gender _____

Address _____ City _____ State _____ Zip _____

Telephone #: (home) _____ (work/cell) _____

Have you ever participated in any other Seaport Programs? _____ Which ones?

Parents' full names _____

Home Address _____

City and State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile _____

In an emergency and a parent is not available please notify:

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Health History

The following information must be filled in by the individual. Any changes to this form should be provided to the Captain upon participant's arrival to the ship. Please provide complete information so that the ship can be aware of your needs.

Allergies List all known

Describe reaction and management of the reaction

Medication allergies

Food allergies

Other allergies –include insect stings

Please list any dietary restrictions including lactose intolerances or if you are a vegetarian. Be specific so that we can provision accordingly. For example, many people will not eat red meat but will consume fish or poultry; if you don't eat eggs, will you eat baked goods?

Medications Being Taken

Please list ALL medications taken routinely. Bring enough medication to last the entire voyage. Keep it in the original packaging/bottle that identifies the name of the medication, dosage and the frequency of administration.

_____ This person takes NO medications on a routine basis.

_____ This person takes medications as follows:

Medication #1 _____ Dosage _____ Times taken/day _____

Reason for taking _____

Medication #2 _____ Dosage _____ Times taken/day _____

Reason for taking _____

Medication #3 _____ Dosage _____ Times taken/day _____

Reason for taking _____

Attach additional pages for other medications.

General Questions (Explain “yes” answers below)

Do you have a history of Asthma? _____ Y _____ N

Are you Diabetic? _____ Y _____ N

Do you have a history of seizures? _____ Y _____ N

Do you have abnormal blood pressure or a history of heart disease? _____ Y _____ N

Have you ever had an anaphylactic reaction? _____ Y _____ N

Please explain any “yes” answers:

Do you have a current Tetanus Vaccination? _____ yes _____ no Date: _____

Use this space to provide any additional information about which the program should be aware.

I am (my child is) a competent swimmer. Please check

By signing this form I signify that the above information is, to the best of my knowledge, truthful and complete. I will update the Captain upon my arrival to the ship if there are any changes in my health or medications.

Signature _____ Date _____

Guardian Signature (if under 18) _____

**For information on all programs, call 860.572.5322 or email reservations.desk@mysticseaport.org.
Please complete and return registration form by mail to Reservations, Mystic Seaport, PO Box 6000, Mystic, CT 06355,
by fax to 860.572.5398 or by email using the button below.**

*Forms requiring signature or additional information from a healthcare provider may be submitted by email.
Follow up with signature and documentation will be required.*