BRILLIANT SAILING: YOUTH HEALTH FORM

TRIP DATE: _____

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

Name _____ Birthdate _____ Gender _____

Address _____City _____State _____ Zip _____

Phone# (home) _____ (work/cell) _____

Have you ever participated in any other Mystic Seaport Museum programs? ☐ Yes ☐ No

If so, which ones? _____

Parent #1 _____ _____
Name Address

_____ _____ _____
Cell # Work # Email

Parent #2 _____ _____
Name Address (if different)

_____ _____ _____
Cell # Work # Email

In an emergency and a parent is not available please notify

_____ _____
Name Relationship

_____ _____
Home Phone # Work/Cel l#

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.

Medication allergies (List known) **Describe reaction and management of reaction**

_____ _____

_____ _____

Food allergies (List known) **Describe reaction and management of reaction**

_____ _____

_____ _____

Other allergies (Include insect sting) **Describe reaction and management of reaction**

_____ _____

_____ _____

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? Please note that students must monitor and administer their own medication. The crew will not be responsible.

_____

_____

_____

MEDICATION 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 medication 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

Do you have a history of asthma? ☐ Yes ☐ No

Do you have abnormal blood pressure? ☐ Yes ☐ No

Do you have a history of seizures? ☐ Yes ☐ No

Have you ever has an anaphylactic reaction? ☐ Yes ☐ No

Are you a diebetic? ☐ Yes ☐ No

Please explain "yes" answers _____

_____

_____

Do you have a current Tetanus Vaccination? ☐ Yes ☐ No Date _____

Use this space to provide any additiional information about which the program should be aware:

_____

_____

I am (my child) is a competent swimmer. ☐ Yes

Using tobacco, drinking alcohol and the use of drugs are all strictly forbidden while you are on board or on shore during the program. Use of any illegal substances during your *Brilliant* program will result in immediate termination of your trip. Your travel expenses home are your responsibility. Some of you may be 18 and older and are of legal age to smoke cigarettes or use tobacco, however, this is not permitted while participating in the *Brilliant* Program.

While ashore, please conduct yourself in a way that reflects well on *Brilliant*'s reputation. If your behavior is detrimental to the boat or crew, expect repercussions.

Please sign you understand this policy and will adhere to it. Please read your student handbook to learn what to bring as well as what you shouldn't pack for your trip.

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)_____ Date _____

Forms requiring signature or additional information from a healthcare provider may be submitted by email.

MYSTIC SEAPORT MUSEUM

PLEASE FILL OUT, SIGN AND RETURN. FAX, EMAIL OR MAIL TO:

Fax#: 860.572.5344 Email: reservaitons.desk@mysticseaport.org

Mail: Central Reservations
Mystic Seaport Museum
PO Box 6000
Mystic, CT 06355