

Health Form

Ship to Shore: The School Overnight Program

STUDENT'S NAME _____ BIRTHDATE _____ AGE _____

PARENTS' NAMES _____

STREET _____ CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

Parents must provide the following information about the attending child:

1. Date of last physical examination within three calendar years _____
Family Physician _____ Phone _____
2. Date of last tetanus booster _____
3. Has your child had any communicable disease within the last three weeks? Please specify. _____
4. Are there any health concerns you believe we should be aware of? _____

5. Is your child a vegetarian? _____
6. Does your child have any allergies to: (a) Foods? Please list: _____
(b) Medicines? Please list: _____
7. Please list any medication your child will be taking while attending the overnight program:

8. Will you allow school staff to administer non-aspirin pain reliever if needed? _____
9. Please check one: I give permission for my child to participate in rigging climbing.
 My child **may not** participate in rigging climbing.
(Please state reason below)
10. Emergency Contact: please specify an individual who may be contacted if you cannot be reached:
NAME _____ RELATIONSHIP _____
ADDRESS _____
TELEPHONE: (day) _____ (evening) _____

TO: Mystic Seaport Museum Inc.

I, the undersigned parent/guardian of the above named child, do hereby grant permission for him/her to participate in the Mystic Seaport Overnight Program. I further more agree, that in the event of an accident or illness, Mystic Seaport is authorized to give the authority to any physician or hospital chosen by Mystic Seaport to initiate appropriate medical or surgical treatment.

Signature of Parent/Guardian _____ Date _____

PHOTOGRAPHY RELEASE

I hereby grant to Mystic seaport Museum, Inc. ("Mystic Seaport"), and its assignees and licensees the right to photograph, audio tape, and/or videotape me on this date, _____, and the right to use such photograph sand moving images including reproductions or likenesses based thereon, in any manner an din any and all media, all as Mystic Seaport or its assignees or licensees may from time to time determine. I hereby irrevocably waive and release to Mystic Seaport and its assignees and licensees all rights, including but not limited to the right of copyright, which may have in or to all such photographs and moving images, and consent to use thereof without limitation by Mystic Seaport and its assignees or licensees.

Signature of Parent/Guardian _____ Date _____