

# Health Form

(Youth Overnight Program: Anchor Watch)

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Other #'s: \_\_\_\_\_

*Parents must provide the following information about attending child:*

1. Date of last physical examination within three calendar years: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Date of last tetanus shot: \_\_\_\_\_

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: Foods? Please list: \_\_\_\_\_

Medicines? Please list: \_\_\_\_\_

7. Please list any medication your child will be taking while attending the overnight program. \_\_\_\_\_

8. Please check one: \_\_\_\_\_ I give my child permission to participate in rigging climbing.

\_\_\_\_\_ My child may not participate in the rigging climb.

9. Emergency Contact: Please specify an individual who may be contacted if you cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Day) \_\_\_\_\_ (Other)

To: Mystic Seaport Museum Inc.

I, the undersigned parent/guardian of the above child, do hereby grant permission for him/her to participate in the Mystic Seaport Overnight Program. I furthermore 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 photographs and moving images, including reproductions or likenesses based thereon, in any manner and in any and all media, all as Mystic Seaport or its assignees or licensees all right, including but not limited to the right of copyright, which I 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: \_\_\_\_\_