

Travel Health Questionnaire

This form is to be completed in its entirety by the student's parent or guardian

Student's Name: _____
last first middle

Date of Birth _____

Destination of Trip: _____

Medical Information – it is very important the adults who accompany your child on this trip are prepared for health issues that might arise when your child is away from home. Please include psychological as well as physical diagnoses. This information will be available only to the adults associated with this trip and shared only on a “need to know” basis.

Does your child have any medical problems?
 None Yes (If you checked “Yes” please describe below)

Does your child have any psychological or mental health issues?
 None Yes (If you checked “Yes” please describe below)

Is your child on any medications?
 None Yes (If you checked “Yes” please list below)

Does your child have any allergies to medications, foods or insects?
 None Yes (If you checked “Yes” please describe below)

Does your child have an EpiPen?
No Yes

Does your child have any dietary restrictions?
 None Yes (If you checked “Yes” please describe below)

Swimming Ability: non-swimmer/poor beginner intermediate advanced

Has your child received a typhoid vaccine in the past? No Yes

If yes: Was the vaccine oral or injectable

If yes, please list the date of vaccine: _____

Has your child received the Covid-19 vaccine? No Yes

If yes: Please list the name of the vaccine and date(s) of each dose: _____

By signing below, I, _____ [printed name of parent/guardian], attest that I have completed this form accurately and completely, and that I have read, understood, and have had the opportunity to ask questions about the Travel Medicine Advisory letter provided by the Health Center. I also understand that it is my responsibility to update the Health Center with any updates or changes to my child's medical condition between the completion of this form and the start of the trip.

Signature of parent
or guardian: _____

Date: _____

Permissions and Acknowledgements

While every effort will be made during the trip to contact parent(s) or guardian(s) for serious illnesses, serious psychiatric concerns, serious injuries, operations or protracted or complex treatments due to the nature of their presentation or logistical limitations such communication might not be possible. Therefore, review and acknowledgement of the following permissions regarding the health and wellbeing of your child is required prior to their participation in this school sponsored off campus activity.

- I hereby grant permission to the school chaperone and/or other representative of the CSGC to represent me during the time that my child participates in said trip with full power to authorize and consent to any medical treatment or evaluation of my child, including, but not limited to, hospitalization, anesthesia, surgery, medication, procedures, labs and/or imaging.

- I hereby grant permission to the school counseling staff to provide counseling services as needed or requested by my child during the trip. I have read and understand the What is Counseling document on the parent portal. I acknowledge and agree to abide by this services protocol.

Student Name: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Student if over 18 yo: _____

Date: _____