## Travel Health Questionnaire (2022-2023)

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

Student's Name:					Date of Birth
Destination of Trip:	la 	ist	first	middle	
issues that might aris	se when yo	ur child is away from	home. Please in	nclude psychologica	s trip are prepared for health Il as well as physical diagnoses. only on a "need to know" basis.
Does your child have any medical problems?	□ None	□ Yes	(If you checked	"Yes" please descr	ibe below)
Does your child have any psychological or mental health issues?	□ None	□ Yes	(lf you checked	"Yes" please descri	be below)
Is your child on any medications?	□ None	□ Yes	(If you checked	"Yes" please list be	low)
Does your child have any allergies to medications, foods or insects?	□ None	□ Yes	(If you checked	"Yes" please descri	be below)
Does your child have an EpiPen?	No 🗌	Yes			
Does your child have any dietary restrictions:	□ None	□ Yes	(If you checked	"Yes" please descri	be below)

Swimming Ability:	☐ non- swimmer/poor	□ beginner	☐ intermediate	□ advanced
If yes: Please list the	ed the Covid-19 vaccine re		No 🗌 Yes 🗆 of each dose. Please	] also include a copy of their vaccine
card:				
By signing below, I,				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: