OGDEN PREPARATORY ACADEMY

1435 Lincoln Avenue, Ogden, UT - Telephone # 801 627-3066 Fax: 801 395-2267

CONFIDENTIAL
INTERNATIONAL TRAVEL HEALTH DISCLOSURE FORM

This health disclosure form is to be submitted to the Administrative Offices of Ogden Preparatory Academy no less than 3 weeks prior to International Travel. The form will travel with the Program Coordinators and a copy of the form will remain in the secured office of the school principal. Traveling can be an enriching as well as a physically and mentally challenging experience. For your student's health and safety, we encourage full disclosure of their health status. Please use additional paper as needed.

This form has 4 pages. If printed double-sided, each side is considered 1 page.

Program Location: _____ Program Dates: _____ to _____

Traveler Last name _____ First Name_____ Middle_____
Name as it appears or will appear on passport

Address: _____City:_____State:_____Zip _____ Country_____

Home Phone#: (_____)_____ Cell#: (____)_____ Email: _____

Date of Birth: _____/_____/_____ Sex ____M____F____ Student ID # _____ (if applicable) Blood Type: _____ (if known)

Primary Emergency Contact_____ Relationship_____

Phone # _(____)_____ Alternate Phone# _(____)_____ Email: _____

Alternate Emergency Contact _____ Relationship _____

Phone # _(____)_____ Alternate Phone# _(____)_____ Email: _____

Alternate Emergency Contact _____ Relationship _____

Phone # _(____)_____ Alternate Phone# _(____)_____ Email: _____

Primary Care Physician/Provider _____ Phone# (____)_____

HEALTH CONDITIONS/ HISTORY (Check where applicable and give notes/comments)

	CONDITION:	NOTES/COMMENTS:		CONDITION:	NOTES/COMMENTS:
	ADD/ADHD/ PTSD Extreme Phobias			Epilepsy/Seizures	
	Allergies: (Drug, food, seasonal, animal, insect)			Eye / Vision Problems or Corrective Lenses	
	Anemia, Blood Issues or Bleeding Disorder			Genital, Gynecological or Menstrual Issues	
	Anxiety/ Depression / Panic Attack/ Claustrophobia			Hearing Loss/ Chronic Ear Infections	
	Arthritis			Heart Condition/Disease Murmur/Arrhythmia	
	Asthma or Breathing disorder			Hepatitis (type) or Tuberculosis	
	Back Problem or Chronic Pain			Hypertension/ High or Low Blood Pressure	
	Bronchitis/Pneumonia/ Chronic Cough			Insomnia/Sleep Disorder	
	Cancer (Any form)			Joint/Muscle/Tendonitis	
	Kidney Disorder/Disease, Stones/Urinary Infections			Migraine or Frequent Headaches	
	Compromised Immune System			Orthopedic History	
	Diabetes (List type) / Hypoglycemia			Sore Throats /Sinus Infections (Frequent)	
	Digestive Tract Disorder/Disease/ Colitis			Stomach Problem/ Ulcer/Heartburn	
	Dizziness/ Fainting			Specific Psychological Disorder	
	Drug / Substance Abuse or Addiction			Walking or Lifting Impairments	
	Eating Disorder (type)			Any other condition which Program Coordinators should know about while arranging logistics or in case of an emergency.	

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- Additional Comments/Notes

MEDICATIONS CURRENTLY PRESCRIBED FOR USE OR WILL TRAVEL WITH STUDENT FOR USE AS NEEDED – LIST MEDICATION, DOSAGE AND DIRECTIONS

LIST ALL PRESCRIPTION MEDICATIONS YOU ARE CURRENTLY TAKING OR TRAVELING WITH: (Legal Name of User, Date Current & Attached RX Label)

Prescription Drug Name:	For:	Dosage/ Directions	Patient Dispense	Adult Dispense

LIST ALL OVER THE COUNTER MEDICATIONS YOU ARE TAKING OR WILL BE TRAVELING WITH: (Must have original label and directions attached)
(Pain relievers, cold remedies, antacids, sleep aids, topical first aid creams, ointments etc.)

Drug Name:	For:	Dosage/ Directions	Student Dispense	Adult Dispense

LIST ANY VITAMINS/ HERBAL OR OTHER LIKE ITEMS YOU ARE TAKING OR WILL BE TRAVELING WITH: (Must have original label and directions attached)
(Multi Vitamin, Vitamin C, etc)

Item Name:	For:	Dosage/ Directions	Student Dispense	Adult Dispense

Dietary Restriction: (religious or otherwise) _____

Severe Allergies: (What is the reaction to and list the physical reactions – hives, swelling, redness, breathing etc.)

_____

_____

Has this individual's physical activity been medically restricted during the past 2 years? [ ] No [ ] Yes: If yes, provide reasons and duration:

_____

_____

In the last 2 years, has this individual been treated by a physician or other health care practitioner (other than for routine check-ups)? [ ] No [ ] Yes
If yes, provide details.

_____

_____

In the last 2 years has this individual been hospitalized? [ ] No [ ] Yes: If yes, provide reasons and duration:

_____

_____

Has this individual ever had a serious acute illness? [ ] No [ ] Yes If yes, provide details.

_____

_____

Does this individual have any chronic/recurrent illness or any permanent/ chronic injury or physical limitations? [ ] No [ ] Yes If yes, provide details.

_____

_____

Has this individual had any serious physical reaction to a prescription drugs, over the counter medicines or immunizations? [ ] No [ ] Yes If yes, provide details.

_____

_____

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Does this individual have a history of asthma or any other respiratory ailment? [ ] No [ ] Yes If yes, provide details.

_____

_____

Is the individual currently receiving antigen/ immunotherapy injections or prescription medication for an allergy? [ ] No [ ] Yes If yes, provide details.

_____

_____

Has this individual experienced a period of depressed, anxious or irritable mood that lasted nearly every day, for weeks? [ ] No [ ] Yes If yes, provide details.

_____

_____

Has this individual experienced a time in which they were unable to attend school or work because of stress, anxiety or depression? [ ] No [ ] Yes If yes, provide details.

_____

_____

AUTHORIZATION TO RELEASE MEDICAL RECORDS AND PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency during the above named trip,

As the legal guardian(s) of, _____
Print student name as it appears or will appear on passport

I, _____
Printed name of Parent/Guardian of Student

hereby authorize the release of this medical record and any medical information pertaining to the named individual to the Ogden Preparatory Academy Program Coordinators, Yira Yoggerst, Rosa Davila, and Teryl Young and to emergency medical personnel in the hosting country of Spain, the United States or other countries deemed necessary due to unexpected travel complications. I also authorize the release by Ogden Preparatory Academy, medical records or other medical information pertaining to the above named, to my designated emergency contact in the event of an emergency.

Although in most cases administration of an anesthetic, treatment of an injury , or operation upon an individual cannot be conducted without the consent of the patient or legal guardian, in order to prevent a dangerous delay in an emergency situation where Ogden Preparatory Academy is either unable to contact me or my designated emergency contact, I hereby authorize the Ogden Preparatory Academy Representative to secure whatever medical treatment is deemed necessary, including administration of an anesthetic and surgery.

I hereby verify that all of the information contained in this form is accurate and complete. I agree to provide accurate and complete information of changes in the health information contained and agree to notify in writing any material changes in health or medications that may occur prior to the start of the travel. I agree to inform Ogden Preparatory Academy and/or the Program Coordinators, of information I become aware of during the program dates.

_____	_____	_____
Signature of Participant	Printed Name of Participant	Date
_____	_____	_____
Signature of Parent/Guardian	Printed Name of Parent/Guardian Relationship	Date
_____	_____	_____
Signature of Parent/Guardian	Printed Name of Parent/Guardian Relationship	Date

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All Purpose Acknowledgement

State of: Utah
County of: Weber

On _____, before me, _____, personally appeared,
(date) (notary)

_____ _____
(signer) **(signer)**

	personally known to me –OR--		Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

_____
(Notary signature)

(seal)

Signer(s) claims to be Guardian(s) of named student.