

## Health and Safety Form Best of Burlington Travel Program: August 27-29, 2024

Health and Safety Forms are held in strictest confidence. Please send completed forms to Amanda Goodheart Parks, Ph.D., Director of Education at <a href="mailto:agparks@neam.org">agparks@neam.org</a> or 36 Perimeter Road Windsor Locks, CT 06096 by July 1, 2024.

Name:		
Nickname (for name tag):		
Addre	Address: Home Phone: Date of Birth: Emergency Contact (someone other than your traveling companion): Name: Home Phone: Cell: Relationship: Do you have any special health needs we should be aware of? (i.e. food allergies, dietary estrictions, mobility limitations, hearing impairments, other medical conditions, etc.) If yes, please explain (attach additional page if necessary):	
Home	one: Cell:	
Nickname (for name tag):  Address:  Home Phone:		
Age:_	Date of Birth:	
Emerg	cy Contact (someone other than your traveling companion):	
	me:	
	ome Phone: Cell:	
	elationship:	
Nickname (for name tag):  Address:  Home Phone:  Date of Birth:  Emergency Contact (someone other than your traveling companion):  Name: Home Phone:  Relationship:  Do you have any special health needs we should be aware of? (i.e. food allergies, dietary restrictions, mobility limitations, hearing impairments, other medical conditions, etc.)  If yes, please explain (attach additional page if necessary):  Do you require any of the following?  Down free pillows Down free comforters Hotel rooms with roll-in showers (i.e. no tub)  COVID-19 Policy: The New England Air Museum is committed to traveler safety and has adopted the following COVID-19 policy for your upcoming trip.  Do Not Travel Sick: Please do not travel with the museum if you are ill. If you need to cancel your trip at the last minute due to illness, we cannot guarantee refunds but will do our best to work with trip vendors on your behalf. We strongly recommend all travelers purchase "cancel for any reason" travel insurance.  Self-Monitoring Health: All travelers will be asked to monitor their individual health throughout the trip. If travelers begin experiencing shortness of breath, cough, fever, or other COVID-19 symptoms, please report them to the museum staff member on duty.  I acknowledge receipt of this COVID-19 Policy and agree to follow the rules contained therein.		
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Travel	Signature Date	