

Understanding the Health Form Collection Process

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Webinar Agenda

- Why collect a Health form?
- How to collect
- What information do you need to know
- What do you do with the information
- Doctor Authorization Form
- Reasonable accommodations (ADA)
- The role HIPAA plays in the process

Why collect a Health Form?

- Legally obliged to ensure access to your tours to people with disabilities
- Hard to make accommodations when you don't know of the disability
- Disruptive attempting to make accommodations on tour
- It is unsafe to travel anyone without understanding their medical condition

How to collect a Health Form

- Manually
 - Download form
 - Mail form
 - Hand Deliver form
- Electronic
 - Upon acceptance, auto generate form delivery

What information to collect!

- Personal information
 - Name of Traveler
 - Names of Parents/Guardians
 - Address, phone contacts, and emails
 - Names of alternate contacts (grand parents, aunts/uncles etc.
 - Trip Name,

What information to collect!

- Does your child currently have any of the following conditions?
 - An acute medical
 - Severe vision impairment
 - Seizures or epilepsy
 - Severe hearing impairment
 - Mobility limitations
 - Psychological conditions
 - Diabetes
 - Behavioral conditions
- If they answered “Yes” to any of the conditions, provide space to explain the details.

What information to collect!

- **Medications** - Describe in detail any medications or treatments your child will be using while on tour including over the counter drugs?
- **Allergies** - Describe in detail any medications or treatments your child will be using while on tour. Provide space to list the Allergy, Reaction, Medication Required and to confirm Life Threatening?
- **Dietary Requirements** – Note any special needs.
- **Insurance Provider** – Insurance provider, insurance contact number, name of covered member, identification number for traveler, group number, RX number if different.
- **Waivers and Statements**—next slide

Waivers and Statements

Please note: We highly recommend your child have a personal cell phone in case of an emergency. If your child plans to bring a cell phone, please provide the number here. (_____)

We require all travelers to care for their recurring medical treatments without supervision. All medications, injections, or other treatments must be monitored and administered by the individual. Please understand we cannot control the contents of food products during travel.

Should your child have dietary allergies, they are ultimately responsible for inspecting all food for ingredients related to the allergy.

Waivers and Statements – cont.

Medical treatment, information sharing, and disclosure waiver

I _____, parent/or legal guardian of _____, do hereby give authorization to (Your Company Name) and its representatives and agents, to seek and provide medical services for my child when deemed appropriate by your staff. I also give authorization to any medical facility and medical staff, to share personal medical information involving my child with any (Your Company Name) staff and its representatives and agents accompanying my child.

At (Your Organization) we are proud of our ability to provide reasonable accommodations as required by law. We have limited ability to meet such needs when we are not made aware of a condition or need for an accommodation in advance. Therefore, failure to disclose a medical condition that would require any accommodation on this medical health form may result in our inability to provide the accommodation. Should a child arrive on one of our tours without first disclosing such a need, it is understood that the child may be returned home at the sole expense of the child's parent/guardian.

What to do with the information

- If they answered yes to any of the conditions, you should place the student on a medical hold.
- A medical hold just keeps their enrollment in your tour on a “Hold status” while you request the additional information to ensure it is safe to travel the student including a Physicians Authorization Form.

Physician's Authorization Form

- Why do we ask for the PAF?
- The PAF should ask the following Questions:
 - Students name and parent's names with parents signature.
Good place to let them know the time limit
 - Medical conditions, Yes or No
 - Restrictions
 - Medication
 - Physician's opinion, are they medically fit?

Physician's Authorization Form- cont.

- Highly recommend you place general tour conditions on the form for the doctor to reference. A few examples;
 - Areas of high altitude
 - Long drives in bus
 - Some activities may require endurance and strenuous physical activity
 - Activities requiring unrestricted mobility may include zip lining
 - Distance to local medical facilities if remote
 - Uneven terrain

Reasonable accommodations (ADA)

- Once you have the medical history and the doctors approval, you are ready to consider the reasonable accommodations you can make.
- If you are unable to make the accommodation, I recommend you refund all moneys so the family has no financial loss.

What impact does HIPAA play?

- **HIPAA** stands for the Health Insurance Portability and Accountability Act, a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.

Any Questions?

Contact

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