

Canoe the Wild Health Record Form

****MUST BE COMPLETED TO ATTEND, PLEASE PRINT CLEARLY***

Name _____ Sex M ___ F ___

Address _____ City _____

State/ _____ Zip/Postal Code _____

Age ___ Date of Birth: Month ___ Day ___ Year ___ Height ___ Weight ___

EMAIL _____

(if a minor) Parents of minors attending trip Name _____ Home phone _____, Work _____ Cell phone _____
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In an emergency contact _____

Relationship _____, Home phone _____,

Work _____ phone _____

Do you have physical limitations? Yes ___ No ___ (If yes, please explain)

HEALTH HISTORY—Have you had any of the following: Chicken pox ___ Measles ___ Mumps ___ Appendectomy ___ Frequent Colds ___

Do you have problems with any of the following: Heart ___ Ears ___ Skin ___ Hernia ___ Stomach: Indigestion ___ Nausea/Vomiting ___, Lungs-Hay Fever ___ Asthma ___ Diabetes ___ Seizures ___ Headaches ___ ADD ___

Allergies (Please list) Reaction Degree (severe, moderate, mild)

1. _____
2. _____
3. _____

Last Tetanus Immunization _____

Please provide us with any other health information about you that would be helpful:

MEDICATIONS (for Minors when a parent/guardian is not along on the trip): All medications other than those needed on an immediate basis by the camper (i.e., bee sting kit) will be kept in the possession of the trip leader. Please send medications in their original container (i.e., prescription bottle). Please list all medications currently used by the camper.

Medication	Dose	Time(s) of day
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CARE AUTHORIZATION: In the case of an emergency, I understand that every effort will be made to contact parents or guardians of minors. In the event that I cannot be reached or in the urgency of circumstances makes it necessary, I hereby give permission to the physician selected by the trip guide or his designee to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery to the person named above.

Signature _____ Date _____

(If camper is a minor) Relationship to Camper _____

Insurance Company _____

Policy # _____