

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 _____

In an emergency contact _____

Relationship _____, Home phone _____,

Mobile _____ other _____

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:

EMERGENCY CARE AUTHORIZATION: In the case of an emergency, 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 _____

Insurance Company _____

Policy # _____