

# 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 \_\_\_ Weight \_\_\_ Height \_\_\_

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 \_\_\_\_\_