

# Canoe the Wild Health Record Form-Minors



**\*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 \_\_\_\_\_

## Parents of Minors Attending Trip

Name \_\_\_\_\_

Home phone \_\_\_\_\_, Work \_\_\_\_\_

Mobile \_\_\_\_\_ EMAIL \_\_\_\_\_

In an emergency contact \_\_\_\_\_

Relationship \_\_\_\_\_, Home phone \_\_\_\_\_,

Work \_\_\_\_\_ Mobile \_\_\_\_\_

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/guide. 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 \_\_\_\_\_