



# Trips & Course Medical/Diet Form

For activities including overnight camping

Your Name: \_\_\_\_\_ Trip/Program \_\_\_\_\_ Dates: \_\_\_\_\_

Birth date: \_\_\_\_\_ Male \_\_\_ Female: \_\_\_ Home Town & Province/State: \_\_\_\_\_

Best number to contact you: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Emergency Contact Info:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Other ways to contact this person:

Health Provider Info:

Canada: OHIP #

International: Provider, Policy #, Contact

Date of last Tetanus shot (recommended every 10 years): \_\_\_\_\_

Self Evaluation: 1=weak & 5=excellent	Comments
General health	
Level of Fitness	
Canoe/kayak experience	
Swimming ability	
Hiking ability/experience:	
Wilderness camping	

Please describe any medical, physical or mental health conditions that may affect your participation including any recent injuries and/or major illnesses:

Please list any regular medications you are taking and for what condition:

Please list any food, drug and environmental allergies (including your reaction and severity if exposed):

Please tell us your dietary restrictions, preference and dislikes:

What are you most looking forward to and do you have any concerns?