

# Workshop Medical/Diet Form

For activities mostly based from Rock Island Lodge



Your Name: \_\_\_\_\_ Workshop \_\_\_\_\_ Dates: \_\_\_\_\_

Birth date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Home Town: \_\_\_\_\_

Emergency Contact Info:

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

Other ways to contact this person:

Health Provider Info:

Canada: OHIP #

Other: Provider, Policy #, Contact

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

Please describe any medical, physical, or mental health conditions that we should be aware that may affect your participation in this workshop including any recent injuries and/or major illnesses:

In the case you require medical attention, please list any regular medications you are taking and for what condition:

Please list any food, drug and environments allergies. (Including your reaction and severity if exposed):

For lodge meals, please tell us your dietary restrictions, preference and dislikes:

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