



Adult Trips & Course Medical-Diet Form

For activities including overnight camping

Your Name: _____ Trip/Program _____ Dates: _____

Birth date: _____ Male ___ Female: ___ Mailing Address: _____

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 # _____

Other: 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 or physical health conditions that may affect your participation including any recent injuries and/or major illnesses:

Please let us know any mental health conditions or psychological limitations, past or present that may affect your participation. (e.g.: anxiety, panic attacks, specific phobias, depression etc)

If yes; is there any helpful information that your guide/instructor should be made aware of? (Stressors, coping strategies etc)

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):

Please tell us if you have any dietary restrictions.

What are you most looking forward to with this program?

Let us know if you have any concerns with your upcoming program.