Laketrails Base Camp

Trip Dates: _____

Before June 1st, please mail to:
Laketrails Base Camp
P.O. Box 810
Warroad, MN 56763

June 1st or later, please mail to:
Laketrails Base Camp
P. O. Box 25
Oak island, MN 56741

CONFIDENTIAL HEALTH FORM FOR CANOE TRIPS

This form is essential for participant's safety. Please fill it out completely.

NAME _____ BIRTH DATE_____ GENDER _____

ADDRESS _____
(No. and Street) (City) (State) (Zip)

PHONE NO. _____

DOCTOR/CLINIC _____ CLINIC PHONE NO. _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

EMERGENCY CONTACT PHONE NO.: _____

HEALTH INSURANCE CARRIER _____ POLICY # _____

HEALTH HISTORY

Please indicate your history of the following: (check all that apply)

____ Heart Condition
____ Convulsions/Seizures
____ Arthritis
____ Kidney/Bladder Problems
____ Sight or Hearing problems
____ Back Problems
____ Asthma
____ Toothaches
____ Dizziness
____ Any not listed here
____ Diabetes
____ Migraines
____ Abnormal Blood Pressure
____ Stomach Problems

If "yes" to any of the above, please explain: _____

_____

_____

Immunization History: Date of last Tetanus vaccination: _____

Are you currently taking any medication? If yes, list medication, dose, frequency & reason for taking:

_____

_____

_____

NOTE: All medications brought to camp must be in original containers and with instructions for use.

Please indicate any allergies: (check all that apply)

____ Insects
____ Poison Ivy
____ Clothing
____ Food
____ Penicillin
____ Other Medications
____ Other

If "yes" to any of the above, please describe the allergic reaction and how it is treated: _____

_____

Please list any significant injuries or conditions that could affect your ability to participate in a wilderness canoe trip.

_____

LAKETRAILS BASE CAMP

PHYSICIAN MUST COMPLETE THIS PORTION OF THE FORM

The individual listed below will be participating in a strenuous camping program including a five-day wilderness canoe trip that entails several hours of paddling each day and lifting and carrying canoes and/or packs weighing from 40-80 lbs. Loading and unloading canoes often takes place on wet, slippery, and rocky surfaces. It is important that Laketrails be made aware of any health conditions that would hinder the participant's full involvement in the Laketrails program.

_____ has been examined within the past 12 months.___YES ___NO
(Name)

DATE OF EXAM: _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

SIGNIFICANT PAST HISTORY: YES____ NO____ IF YES, EXPLAIN:_____

_____

_____

CURRENT MEDICAL PROBLEMS: YES ____ NO ____ IF YES, EXPLAIN:_____

_____

ANY ABNORMALITIES ON PHYSICAL EXAM OR LAB REPORT: YES ____ NO ____. IF YES, EXPLAIN:

_____

SPECIAL RECOMMENDATIONS: YES ____ NO ____. IF YES, EXPLAIN: _____

_____

I have examined the above individual and have reviewed his/her health history. I conclude that he/she can participate in the canoe trip as described except as noted above.

PHYSICIAN'S SIGNATURE: _____ DATE _____

PARTICIPANT'S AUTHORIZATION:

I certify that the health information I have provided to Laketrails Base Camp is correct as far as I know.
This completed form may be photocopied to take on the canoe trip.

PARTICIPANT'S SIGNATURE: _____

DATE_____

For office use:

Reviewed: _____ Date: _____
(Camp Health Manager)