2024 **Participant Name:** ☐ ☐ ☐ Chaperone

Laketrails Adult Health History

*This **Health History form** is required for all Laketrails Base Camp participants.* ***A new form must be completed each year of participation.*** *The information requested is intended to help us in the event of an emergency. This information will alert us to potential problems, special needs, or accommodations that might be required. By Program Policy, all of the information is confidential and made available only to Laketrails Staff. Please notify Laketrails Base Camp if any information changes prior to arrival at camp.*

Participant Name: _____ Birth Date: _____

Home address: _____ ☐ Male ☐ Female

_____

Preferred Phone: _____ Phone with text messaging: _____

Emergency Contact: _____ Relationship to Participant: _____

Emergency Contact Phones: Home: _____ Work: _____ Cell: _____

Health Insurance Carrier: _____ Policy # _____

Immunizations:
It is recommended that you be up to date with your Tetanus vaccination.

General Health History:

	Yes	No
1. Ever been hospitalized?	☐	☐
2. Ever had surgery?	☐	☐
3. Have recurrent/chronic illnesses?	☐	☐
4. Had a recent infectious disease?	☐	☐
5. Had a recent injury?	☐	☐
6. Had asthma/wheezing/shortness of breath?	☐	☐
7. Have diabetes?	☐	☐
8. Had seizures?	☐	☐
9. Had headaches/migraines?	☐	☐
10. Sight or hearing problems?	☐	☐
11. Had fainting or dizziness?	☐	☐
12. Passed out/had chest pain during exercise?	☐	☐
13. Have a known heart condition?	☐	☐
14. Abnormal blood pressure?	☐	☐
15. Ever had back/joint/arthritis problems?	☐	☐
16. Traveled outside the country in the past 9 months?	☐	☐
17. Any medical issues not listed here?	☐	☐

Please explain "Yes" answers in the space below, *noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.*

*__Diet and Nutrition__:
☐ I eat a regular diet.
☐ I eat a vegetarian diet.
☐ I am gluten intolerant.
☐ I am lactose intolerant.
☐ Other--***Please explain below.***

**Laketrails cannot guarantee the availability of all foods. Please contact us with any concerns.*

Camp must receive completed Health History at least two weeks prior to the start of the session. Before June 1st, send to P.O. Box 810, Warroad, MN 56763. After June 1st, send to P.O. Box 25, Oak Island, MN 56741.
Forms may also be sent via fax (summer only) to 218-223-8284 or email at any time to info@laketrails.org.

2024 Participant Name: ☐ ☐ ☐ Chaperone

Allergies

☐ I have no known allergies.
☐ I am allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, iodine, etc.) ☐ Other

Severe Anaphylaxis Plan: If you have a history of severe anaphylaxis, you are expected to bring epinephrine dose/s to camp. Two epi pens should accompany you at all times in remote areas.
Please describe below what you are allergic to and the reaction seen. Note date and treatment of latest reaction.

Medications

☐ I take no regular medications.
☐ I regularly take the following medications. ***Please provide information below as indicated. Add pages if necessary.***

Medication	Dose (amount taken)	Frequency (how often)	Reason

What Have We Missed? Is there anything else the Laketrails staff should know about you that would be helpful in providing a great Base Camp and/or wilderness experience?

For Canoe Trip Participants:

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. The nearest medical facility is located a minimum of 2 hours away. 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 Explain: _____

I have examined the above individual and have reviewed his/her health history. This person has no issues with balance and is physically capable of handling the rigors of a wilderness canoeing and camping experience.

Physician's signature: _____ Phone: _____

Medical facility: _____ Location: _____

Authorization for Health Care and Acknowledgement of Risk:
I certify that this health history is correct and accurately reflects my health status. I am able to engage in all program activities unless noted above. I authorize Laketrails Base Camp staff to give reasonable first aid as necessary. I understand that although Laketrails Base Camp has taken steps to provide participants with appropriate training, equipment, and skilled staff for this experience, I acknowledge that some inherent risks cannot be eliminated without destroying the unique character of the activity. I acknowledge and accept these risks of participation in all Laketrails Base Camp programs. If participating in a canoe trip, I give permission for this form to be photocopied.

Participant Signature: _____ Date: _____