Wilderness Wind
2945 Hwy 169
Ely, MN 55731
218-365-5873 ~ www.wildernesswind.org

Health Form

Today's Date _____ Group Name _____

Name_____Birth Date _____Age _____ Ht._____ Wt._____

Address_____ Phone(_____)_____

_____ E-mail _____

Congregation_____ City and State_____

Parent or Guardian's Name (if you are under 18)_____
PARENT'S SIGNATURE (MEDICAL RELEASE)_____

GENERAL HEALTH CONDITION: Excellent _____ Good _____ Fair _____ Poor _____
Please explain:_____

Date of last physical exam by a physician: _____

Are you presently taking any medications? _____

If so, please explain:_____

Answer the following using a check mark:

	Yes	No
Known Allergies		
Neck/Back/Shoulder/Ankle or other orthopedic problems		
Asthma or other respiratory conditions		
Chest pain/pressure, shortness of breath, heart palpitations, dizziness or faint spells		
Dietary Restrictions		
Diabetes		
Bleeding Disorders		
Other Medical issues/illnesses/ symptoms/requirements		

If you answered Yes on any of the above items, please use the following space to explain:

_____

_____

_____

If you have any other serious health restrictions, please explain and include a physician's signature to approve of your participation in the canoe trip.

_____

_____

_____

Physician's Signature_____ Date_____

Date of last tetanus shot_____

Wilderness Wind recommends that all of its participants have a current tetanus immunization (within 10 years).

List previous camping experience_____

Indicate your swimming ability_____

_____

List below and additional health information that will enable us to better serve your needs and assure your
Well-being:

INSURANCE INFORMATION

Each participant is responsible for any medical expenses and should be covered by his/her own sickness and accident insurance. Please provide the following information for our records.

Insurance Company Name _____ Policy/Certificate #_____
Prescription Plan # _____ Telephone # _____

Physician Information:
Name _____ Phone #_____

IN CASE OF INJURY or EMERGENCY NOTIFY_____

PHONE (home and/or office)_____