

# Canadian Adventure Medical Screening Form

This form is to be filled out and signed by the parent/guardian of anyone under 18 years old.



**IMPORTANT:** While completing this form, please be very specific and detailed in listing any history of pertinent health problems and any current pertinent health problems. List any and all medications currently being taken, and the reason for the medication below.

Guest name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardians name(if minor): \_\_\_\_\_

Emergency contact number(s): \_\_\_\_\_

\_\_\_\_\_ Home phone if different: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Please attach a copy of current immunization record, or  I have chosen not to immunize my child (check box for yes).

Date of Last Tetanus Booster if applicable: \_\_\_\_/\_\_\_\_/\_\_\_\_

List of all current medications:

\_\_\_\_\_ Dosage: \_\_\_\_\_  
 \_\_\_\_\_ Dosage: \_\_\_\_\_  
 \_\_\_\_\_ Dosage: \_\_\_\_\_

Do you have any restrictions on activities? Yes \_\_\_\_ No \_\_\_\_ ( If yes, please list them individually on a separate sheet of paper and explain limitations)

**Have you experienced any of the following: If you have an allergy please list your reaction.**

Condition	(Circle one)	Comments
Seizures	No Yes	_____
Heart Problems	No Yes	_____
Diabetes	No Yes	_____
Asthma	No Yes	_____
Allergies	No Yes	_____
Psychological	No Yes	_____
Blood Disorders	No Yes	_____
Serious Injuries	No Yes	_____
Surgery	No Yes	_____
Hospitalization	No Yes (List Dates)	_____
Chronic/		
Recurring Illness'	No Yes	_____
Other Health		
Concerns	No Yes	_____

Please list on a separate sheet of paper any health related concerns. All health related information is reviewed by camp medical staff, stored privately, and destroyed after your trip.

I (Parent/guardian name if minor), \_\_\_\_\_ have filled out this form to the best of my knowledge regarding my or my child's health history.

Signed : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Questions? Contact Steve Tice by Email at [steve.tice@Canadianadventurecamp.org](mailto:steve.tice@Canadianadventurecamp.org) or phone at 715.484.2742x240. Steve is a Wilderness First Responder and is responsible for medical care at CA.