

Babine Norlakes Steelhead Camp LTD

Medical Form

Please Fill Out and Return

Name _____ Birthdate (mm/dd/year) _____

Trip Date _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Phone _____

Relation _____ Address _____

Doctor _____ Phone _____

HEALTH AND DIET:

Physical Condition: Excellent Good Fair Poor
Eyesight: Excellent Good Fair Poor

(It is recommended that if you are dependant upon glasses or contact lenses for adequate vision, a spare set be brought with you, as well as all necessary cleaning solutions and safety bands).

Do you have any dietary restrictions: Yes No

If yes, please specify _____

Do you have any known allergies? Yes No

If yes, please specify _____

Are you on any prescription or non-prescription medications? Yes No

If yes, please specify _____

Do you have a chronic disability or illness, i.e. heart condition, diabetes, etc.? Yes No

If yes, please specify _____

Do you have any physical limitations? Yes No

If yes, please specify _____

If any of the above information changes leading up to / during the trip, I will inform Babine Norlakes Steelhead Camp LTD. Please note that failure to disclose any medical condition or problems may jeopardize the safety of the entire group/trip.

Signature _____ Date _____