

## **PATH 2010 Trails Medical Release Form**

All PATH Wilderness Trails participants and Trails staff must have this form completed before attending PATH 2010.

### **Medical Information**

Health Insurance Company and Policy # \_\_\_\_\_ OR

Provincial Health # \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Swimming ability: Very good \_\_ average \_\_ a little \_\_ none \_\_

Do you have any medical condition(s) – past or present? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any physical challenges which may prevent you from participating in strenuous activities? Yes \_\_\_\_\_

No \_\_\_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ (If in doubt, contact MDP staff)

Date of last tetanus shot \_\_\_\_\_ (must be within the last ten years)

Current medications \_\_\_\_\_

\_\_\_\_\_

List allergies \_\_\_\_\_

Have you seen a doctor in the past 2 years? \_\_\_\_\_ If yes, for \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ (If participant is under 19, signature must be that of parent or legal guardian)

If you answered 'Yes' to any of the above questions or are over 40 years old, please have a physician complete and sign the following:

### **Physician's Section**

Please indicate that this person is able to participate in the following activities;

Rock Climbing, back packing, canoeing, wilderness camping, Strenuous Hikes up to 15 km per day, and runs up to 10 km.

\_\_\_\_\_ has been evaluated and is released for a wilderness experience.

Anticipated medical supplies \_\_\_\_\_

Signed \_\_\_\_\_ M.D. Date \_\_\_\_\_

*This information is being collected strictly for the purpose of this Medical Release Form and will be kept confidential.*