BWI's Medical Information Form

Please read carefully before signing.
This is a statement in which you are informed that there are potential risks involved in Outdoor Education, Wilderness Instruction, Wilderness Travel, and Treks. Your signature on this statement is required for you to participation in a *Boreal Wilderness Institute Course* or *Trek* in Canada.

Please read over and completely fill out this form before you sign it. Remember if you have **ANY CONCERNS ABOUT YOUR HEALTH DISCUSS IT WITH YOUR PHYSICIAN** and contact an instructor to discuss the physical aspect of the course or trek. To participate in our program you will be required to be in reasonable health and good physical condition. Remember that this is a wilderness instructional program and the wilderness has inherent physical and mental risks that neither the *Boreal Wilderness Institute* or Bruce Zawalsky nor any other instructor can control.

Name _____
      First   Initial   Last

Mailing Address _____
City _____ Province _____
Country _____ Postal Code _____
Telephone (Res)_____ Telephone (Work) _____
Birth Date _____/_____/_____ ☐M ☐F Alberta Heath Care # _____

Heath History

Describe any illness or injury, current or past, that might effect your ability to participate fully and safely in this course or courses, including but not limited to back or knee problems, cardiac or respiratory ailments, diabetes, migraines, fear of heights, or sensitivity to cold:

_____
_____
_____
_____
_____
_____

List all Allergies and their severity:

_____
_____

If yes to the above question, do you carry an ANA Kit: ☐ YES ☐ NO

List any drugs or medication you are currently taking:

_____
_____

The Information I have provided about my medical history is accurate to the best of my knowledge

_____ _____
Signature of Participant   Date

_____ _____
Signature of Parent or Legal Guardian if a Minor (17 Year or Under)   Date

Emergency contact: _____ _____
                    Name   Address

_____ _____ _____
Relationship   Telephone (Res)   Telephone (Work)