Canadian Outdoor Leadership Training - Medical Form

Please read:

Your instructors need to know your medical history to be able to support you in case of a medical emergency in the backcountry. Please be aware that a medical emergency in the backcountry can be more server and harder to deal with compared to an emergency when ambulance services are minutes away. Any not disclosed medical history can make treatment in the backcountry more difficult.

We advise all participants to go to their doctor/dentist and get a medical and physical exam prior to the program

Your medical information will be shared with your instructors. Please feel free to ask questions regarding this medical form.

PARTICIPANT INFORMATION

Name: Click or tap here to enter text.	Age: Click or tap here to enter text.	Date of Birth (*m/d/y*): Click or tap to enter a date.
	Gender at birth: Gen	Preferred Pronoun: Pref Pro
Address (*street/city/province/postal code*): Click or tap here to enter text.		
BC Care Card #:Click or tap here to enter text.	Other Health Insurance: Click or tap here to enter text.	

Parent/Guardian Name: Click or tap here to enter text.		**Emergency Contact Name:** Click or tap here to enter text.	
Email: Click or tap here to enter text.		Email: Click or tap here to enter text.	
Phone: Click or tap here to enter text.	Relationship:Click or tap here to enter text.	Phone: Click or tap here to enter text.	Relationship:Click or tap here to enter text.
Alternate Phone:Click or tap here to enter text.		Alternate Phone:Click or tap here to enter text.	

FOOD ALLERGIES	**Reaction** (*bring **two** Epi Pens if any are required*)	**Epi Pen required?**
Click or tap here to enter text.	Click or tap here to enter text.	☐ Yes ☐ No
Click or tap here to enter text.	Click or tap here to enter text.	☐ Yes ☐ No
Click or tap here to enter text.	Click or tap here to enter text.	☐ Yes ☐ No

FOOD RESTRICTIONS

☐ Gluten Free
☐ Celiac Disease
☐ No Pork
☐ No Red Meat
☐ Pescatarian (*fish, eggs & dairy ok*)
☐ Lacto Ovo Vegetarian (*eggs & dairy ok*)
☐ Lacto Vegetarian (*dairy ok*)
☐ Vegan
☐ Lactose Intolerant (*sml amount ok*)
☐ Disordered Eating
☐ Picky Eater
☐ Other (***use back page to describe***)

ALLERGIES (*environmental or medication*)	**Reaction** (*use back page if needed*)	**Treatment** (*bring **two** Epi Pens if any are required*)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

HEALTH INFORMATION (*use **back page** or **attach care plan** if necessary*)

☐ Glasses/Contacts
☐ Hearing Aid
☐ H/L Blood Pressure
☐ Heart Condition
☐ Asthma
☐ Diabetes
☐ Other health information:
☐ Recent Concussion
☐ Migraine Headache
☐ Seizure Disorder
☐ Recent Injury (*describe*)
☐ Frequent Infection (*describe*)
☐ ADHD
☐ Autism
☐ Panic Attacks
☐ Depression/Mood Disorder
☐ Anxiety/Phobia (*describe*)
☐ Bedwetting

PRESCRIBED MEDICATIONS *Please list medication name, what it is used for, dosage and time given. (you must provide an additional set of medication for our trips following the principle 'duplicate and separate'. Please make sure you have enough of your medication and have access to it via a local pharmacy)*

Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.

LAST TETANUS SHOT IMPORTANT! Please update your tetanus shot before the program starts, we recommend that your latest shot is less than 5 years old. If you do not have a current tetanus shot usually an evacuation is required for any small injury in the backcountry!

☐ Within last 5 years ☐ Within last 10 years ☐ Not immunized

Have you had any significant medical, surgical or mental health conditions in the past?
Yes ☐ No ☐ If YES, please provide details: Click or tap here to enter text.

Do you have any physical or mental health conditions requiring treatment or medical supervision at this time?
Yes ☐ No ☐ If YES, please provide details: Click or tap here to enter text.
Have you undergone any surgical procedure in the last year?
Yes ☐ No ☐ If YES, please provide details: Click or tap here to enter text.
Have you ever had frostbite or other cold injury?
Yes ☐ No ☐ If YES, please provide details:Click or tap here to enter text.
Do you take any non medical drugs?
Yes ☐ No ☐ If YES, please provide details: Click or tap here to enter text.
Are you pregnant or might be at the time of travel?
Yes ☐ No ☐ If YES, please provide details: Click or tap here to enter text.
Are you a smoker? Yes ☐ No ☐

Please rate your physical condition: ☐Poor / ☐Fair / ☐Good / ☐Excellent

SWIMMING ABILITY ☐ Able to swim 100m ☐ Able to swim 25m ☐ Non-swimmer
Non swimmers: Are you comfortable in deep water while wearing a lifejacket? ☐ Yes ☐ No

CONSENT TO MEDICAL TREATMENT In the event of a medical emergency, if I am not immediately contactable, I give my consent to treatment to the health care providers (doctors, hospital medical staff, first aid attendants) chosen by the directors of Strathcona Park Lodge, to provide whatever treatment is medically necessary for the Participant.

As far as I am aware I am medically fit to partake in the colt program, which will be both physically and mentally demanding and potentially include exposure to extremes of heat and cold.
I understand that I am responsible for providing all my normal medications and supplies for the treatment of my pre-existing medical conditions for the duration of the program.
I agree to discuss/disclose to the colt directors any injury or illness occurring between today and the start of the program.
With your consent we will disclose your medical history to other group members when it may put the group or you at risk by not disclosing the information. We release only the information required for this purpose.

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date.

Click or tap here to enter text. Click or tap to enter a date.

Signature of adult participant or parent/guardian for youth **Today's date** (*m/d/y*)