



Box 35 Trailhead Rd ☺ Minaki Ontario P0X1J0 ☺ Canada
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HEALTH INFORMATION

Name: _____

Age: _____

Health Number: _____

Emergency Contact #1: _____

Phone Number (Hm. & Wk.) _____

Emergency Contact #2: _____

Phone Number (Hm. & Wk.): _____

Any Allergies? _____

If Yes, Please List Allergy(s) As Well as Medication(s): _____

*NOTE: if medications are brought to camp and require staff to store and/or administer, please keep in original container and provide a note of the medication and dosage needed.

Does The Participant Carry An Epi-Pen? _____

*NOTE: all participants that require the use of an epi-pen for severe allergic reactions must provide their own and be responsible for carrying it with them unless other arrangements have been made prior with Minaki Yurt Adventures. It is **HIGHLY RECOMMENDED** that TWO epi-pens be carried, as the hospital is .45min. drive.

Does The Participant Require An Inhaler? _____

*NOTE. If yes, all participants must provide and be responsible for carrying it with them unless other arrangements have been made prior with Minaki Yurt Adventures.

Date of Last Tetanus Shot: _____