



Five Winds Backcountry Ski Club

Discover the Muskoka Wilderness

Health Information

Instructions:

Carry this form in a Ziploc-type baggie in an outside pocket of your daypack. Let others know where it is. In case of emergency, this paper may save your life and help aid the Five Winds group in giving assistance to you.

Name:	
Address:	
Email:	
Phone: Home: ()	Cell: ()
Birth Date (dd/mm/yyyy) :	
Height:	Weight:
OHIP #:	Expiry date:
Health Information:	
Wear contact lens? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Food allergies:	
Allergies (drug):	
Health Conditions (high blood pressure, diabetes, heart disease, asthma, cancer, epilepsy etc.):	
Medications (purpose, dosages):	
Date of last tetanus booster:	
Physician name:	
Phone: ()	
Address:	
In emergency, contact name:	
Relationship:	
Phone: ()	
Address:	
Email:	