

# CEDAR AND CANVAS ADVENTURES

## MEDICAL FORM

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Trip Name \_\_\_\_\_ Departure Date \_\_\_\_\_

In case of emergency please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Is the the participant subject to any of the following?

Asthma             Epilepsy             Back problems  
 Migraines         Eye problems        Ear problems

Please list any:

Major illness \_\_\_\_\_

Medications \_\_\_\_\_

Physical handicaps \_\_\_\_\_

Allergies \_\_\_\_\_

Date of last Tetanus inoculation \_\_\_\_\_

I agree to notify Cedar and Canvas Adventures of any illness or accident which occurs after this form has been signed. I also agree that I will be fully responsible for my own physical condition and well-being during the trip and will follow the safety precautions prescribed by the trip leaders.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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