

# Paw-Trips Paw-Trips

*"We give our guests the taste of the North"*

## By Kayak & Canoe or Skis & Sledges

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### A Medical Information Sheet

Our activities can be strenuous and often offer exercises of a different nature than most participants are used to. We do not want you to engage in activities that would be detrimental to your health or which would be opposed by your doctor because of recent illness, injury, or surgery. If you have any questions regarding your participation in any activity with the Paw-Trips, please discuss it with your physician. We ask for the following information so we can be aware of potential problems and will be better able to help you to safely enjoy the activities here.

Name \_\_\_\_\_

Male/Female

Mailing address \_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_

Height \_\_\_\_\_

Occupation \_\_\_\_\_

Weight \_\_\_\_\_

Please check the appropriate column.

Have you ever had:

Allergies Yes      No

Diabetes Yes      No

Heart disease Yes      No

Epilepsy Yes      No

Asthma Yes      No

High blood pressure Yes      No

Back problems Yes      No

Dislocations Yes      No

Do you get cold easily? Yes      No

Do you smoke? Yes      No

Are you pregnant? Yes      No

Are you currently under a doctor's care? Yes      No

For what reason? \_\_\_\_\_

Are you taking medication? Yes      No

What type? \_\_\_\_\_

Are you allergic to insect bites and stings? Yes      No

If so, do you carry medication? Yes      No

What? \_\_\_\_\_

Do you have any other conditions which might affect your health or the well being of others?

Yes      No

What? \_\_\_\_\_

Are there any limitations on your activities? Yes      No

What are they? \_\_\_\_\_

Describe your swimming ability. \_\_\_\_\_

How would you describe your health? \_\_\_\_\_

Describe any special dietary requirements. \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

at this home phone no. \_\_\_\_\_ or at this business no. \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_