



## HEALTH INFORMATION

Carry this form in a zip locked bag in an outside pocket of your backpack. In case of an emergency, this information may save your life and help aid the Toronto Bruce Trail Club in providing you with assistance.

<b>Personal Information:</b>	
Name:	
Address:	
Email:	
Phone: Home: (    )	Cell: (    )
Birth Date (dd/mm/yyyy):	
Height:	Weight:
OHIP #:	Expiry date:
<b>Health Information:</b>	
Wear contact lenses? Yes    No	
Food allergies:	
Allergies (reaction/medication required, if any):	
Health Conditions (high blood pressure, diabetes, heart disease, asthma, cancer, epilepsy etc.)	
Medications (purpose, dosages):	
Date of last tetanus booster:	
<b>Physician's name:</b>	
Phone: (    )	
Address:	
<b>Emergency Contact Name:</b>	
Relationship:	
Phone: Home: (    )	Cell: (    )
Address:	
Email:	

### IMPORTANT NOTICE:

**The Health Information Form** is voluntary. Hike Leaders may adopt the form and distribute to hikers via email. It is not intended to be distributed at the beginning of a hike. Once completed the form is confidential. The form can be carried in a zip locked bag in an outside pocket of a hikers backpack. In case of an emergency, this information may save lives and help aid the Toronto Bruce Trail Club in providing assistance to injured hikers.