

Medical Form

Outdoor activities such as Kayaking/Tubing/First aid courses can be strenuous. If you have any questions or concerns regarding your health and participation in these sports, please discuss it with your physician. Please provide the following to help us with your outing.

Name: _____ Telephone: _____

Address: _____

Contact person in case of emergency:

Name and relation: _____

Telephone: _____

Address: _____

Do you have or ever had any of the following? Check yes or no. If yes, please explain fully.

Yes No

___ ___ Allergies

___ ___ Diabetes

___ ___ Heart Disease

___ ___ Epilepsy/Seizures

___ ___ Asthma

___ ___ Bleeding/Clotting Disorder

___ ___ Strains/Dislocations/Broken Bones

___ ___ Are you taking any medications?

Date of last tetanus shot: _____

Do you carry medical insurance: Yes No (circle)

If yes please list

Carrier: _____ Policy Number: _____

*****List any other medical concerns for participation in this course:**

Describe Swimming Ability:

Describe any dietary needs: (Only if food is being provided by Outdoor Excursions.)