

## 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.)