

BAY KAYAKING Co. MEDICAL AWARENESS FORM

Prior conditioning is strongly recommended. Clients are expected to take personal responsibility for their own safety. Please consider the above statements carefully as you complete this form.

NAME: _____

AGE: _____

WHO TO CONTACT IN AN EMERGENCY:

Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical Insurance Company: _____

Do you have a history of or currently have:

Yes

No

1. Cardiac problems? _____

2. Respiratory problems or Asthma? _____

3. Diabetes or Blood Sugar problems? _____

4. Epilepsy or Seizures? _____

5. Mental or Neurological Problems? _____

6. Bleeding disorders or Immune Deficiencies? _____

7. Musculoskeletal Injuries (breaks, sprains, dislocations)? _____

8. Allergies to medication? (Specify) _____

9. Allergies to food, plants, insects? (Specify) _____

10. Currently taking medication (Specify) _____

11. Any other issues or conditions that may affect your ability to participate? (Specify) _____

I understand and acknowledge Bay Kayaking is not making a determination of my fitness for any outing; rather, I represent Bay Kayaking and verify that I am physically fit and ready for any outing I participate in. **(Initial)** _____

I understand and acknowledge that my failure to disclose relevant information may result in harm to others and myself during an outing. I represent and warrant that I have provided all material and important information to Bay Kayaking pertaining to my medical, mental and physical condition in view of my participation. I agree to notify the Bay Kayaking staff if there is any change in my mental, physical or medical condition prior to or during any activity.

(Initial) _____

Consent for Medical Treatment

I certify all the above is accurate and consent to any emergency, first aid or medical treatment, which may become necessary during or in connection with my participation in any Bay Kayaking activity.

(Sign) _____ **(Date)** _____