

Appendix C

**Participant Medical Information Form** *this is at the paddlers discretion*

Name: \_\_\_\_\_ Sex ( ) M ( ) F ( ) Other

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Your Cell Phone Number: \_\_\_\_\_

Emergency Contact: _____ Day Phone _____ Evening _____
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Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Relevant Medical History:** \_\_\_\_\_ Blood Type: \_\_\_\_\_

Important Medical Considerations:  
\_\_\_\_\_

Medications:  
\_\_\_\_\_

Allergies:  
\_\_\_\_\_

Previous injuries illnesses or operations:  
\_\_\_\_\_

Can the participant/athlete administer his/her own medication(s) Yes (\_\_\_\_\_) No (\_\_\_\_\_)

Medication instructions:  
\_\_\_\_\_  
*(Please note we are not authorized to give medication but can assist you with your medication)*

Other concerns: (Prosthesis, contact lenses, etc.) notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I assume full responsibility for my health being such that the activities will in no way aggravate any conditions present or present a risk to my fellow paddlers. If in doubt, I will seek and follow medical advice.

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

**Note: the participant / athlete Participant Medical Information Form is a confidential document.**

**We will turn it over to medical assistance if a medical emergency arises**