

Appendix C

(Team captain please insure this form is readily available to team members)

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

Name: _____ Sex () M () F

Date of Birth: Day _____ Month _____ Year _____

Person to be contacted in case of emergency

Phone numbers: Day _____ Evening _____

Family Doctor: _____ Phone number: _____

Relevant Medical History:

Important Medical Considerations:

Medications:

Blood Type:

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 arise