



## **Deep Cove Canoe and Kayak Centre Medical Disclosure Form**

This information is confidential, and obtained only so our qualified instructors can deal appropriately with emergency situations. A Release of Claims and this Medical Disclosure Form must be completed and handed to the instructor before participating in the program.

Participants Name: \_\_\_\_\_

If Participant is under 19 years of age, parent/guardian's name: \_\_\_\_\_

Participant's Birthday: (mm/dd/yy) \_\_\_\_\_

### **In case of Emergency, Contact:**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

3. Physician's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Care card # (BC residents only): \_\_\_\_\_

Physical Condition: Excellent \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Swimming Ability: Excellent \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Date of last tetanus inoculation or booster: \_\_\_\_\_

## Medical History

Are you on any medications (prescription or non-prescription)? Yes\_\_\_\_ No \_\_\_\_

If yes, please specify name, dosage, frequency, and reasons for medication.

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Please List any Medical Conditions (nosebleeds, asthma, diabetes, heart condition, high blood pressure, chronic headaches or other), and psychological or physical conditions (seizure disorders, depression, previous dislocations or breaks) that may affect the ability of the participant in the program.

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Do you have any known allergies or suffered an allergic reaction, please describe the reaction; what happens when the reaction occurs and any medications taken or carried for the condition. Please include dosage, frequency and expiry date of medication. (Participant must carry meds during the program.)

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Do you have any physical or physiological limitations that would affect your participation in ocean kayaking? (i.e. fear of water, behavioral issues)

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**I have completed this medical form accurately and truthfully, and to the best of my knowledge. If any of the above information changes prior to, or during the program, I will inform the instructors.**

**Participant's signature:** \_\_\_\_\_

**Parent/guardian's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_