

MEDICAL INFORMATION

Program Name: _____ **Dates:** _____

Name: _____
Address: _____ City: _____
Prov/State:: _____ Country: _____ Postal/Ziip: _____
Telephone #(H): _____ (W): _____
Health Plan Name _____ Registration Number: _____

In Case of Emergency, Contact:

Name _____ Relationship: _____
Address _____ Telephone #(H) _____
Name _____ Relationship:: _____
Address _____ Telephone #(H) _____

Medical History

Do you have any known allergies or have you ever had a severe allergic reaction? If yes, please describe what causes the reaction, what happens when you have a reaction, and any medications you take or carry for the condition. Please include dosage, frequency and expiry date of medication. _____

Please list any medical conditions (heart condition, high blood pressure, diabetes, chronic headaches, nosebleeds, asthma, emphysema, or other), any psychological and physical conditions (seizure disorders, depression, previous dislocations, breaks, recent surgery) that may effect your ability to participate in the program you have registered for. Please describe all past and present problems, how they effect you, the signs and symptoms of onset, and what triggers them. _____

Are you on any prescription or non -prescription medications? Yes ___ No ___
If yes, please specify name, dosage, and frequency, and tell us why you are taking it

Date of last Tetanus Shot (They are valid for 10 years) _____
An up-to-date tetanus shot is mandatory for all multiday programs.

Do you have any dietary restrictions Yes ___ No ___
If yes, please describe

Do you have any physical limitations? Yes ___ No ___
If yes, please specify.

If you are bringing medication with you.

- Bring twice as much as you are required to take for the entire length of you programme, and pack it in two waterproof and UV proof containers
- List dosage and frequency instructions on the outside of each container. Include the name of the drug as well.
- Give one container to your guide in case you lose or damage your own.
- Make sure your medication has not expired.

I have completed this medical form accurately and truthfully, and to the best of my knowledge. I understand that any injury or illness that is aggravated by, or as a result of my participation in this programme and any evacuation costs arising thereof, is solely my responsibility and I therefore release Ocean River Sports, its directors, managers, employees, and associates from any future claim I might make against them. I understand that it is my responsibility to inform Ocean River Sports before my program starts, of any medical conditions that may have arisen after filling out this form. Signed this _____ day of _____, in the year _____.

Participant Signature: _____

Witness Signature: _____

In the case of the participant being under the age of nineteen (19) in the Province of British Columbia, or under the age of responsibility elsewhere, I hereby give permission to a trip representative of Ocean River Sports to arrange for any medical treatment required by my child or ward while she/he is under the care of the instructor, guide, or chaperone during the program named above.

Parent/Legal Guardian Signature: _____

Date: _____