

ON-THE-WATER SAFETY CREW REFERENCE

CONFIDENTIAL MEDICAL AND EMERGENCY INFORMATION

If unsure of your physical condition or health regarding paddle sports, please consult your physician in advance.

Name _____ Age _____

Phone: Home/Cell () _____ Work: () _____

In case of emergency, please notify:

Name _____ Relationship _____

Telephone: () _____ or () _____

Do you have emergency medical training? ___CPR ___EMT ___Other (Please explain...)

Do you have any physical condition which might lead to dizziness or fainting? Yes ___ No ___ If yes, please elaborate:

Do you have allergic reactions to insect stings or any other source? Yes ___ No ___ If yes, do you carry medication for this? Yes ___ No ___ If yes, where will it be located?

Are you currently under a physician's care, and / or have had a recent illness? Yes ___ No ___ If yes, please elaborate:

Please discuss below any conditions that might affect your health or comfort while paddling, or any special needs that you may have :

Physician Name _____ Physician Phone # (____) _____

Insurance Information: Company Name _____

Group / ID # _____

Insured Person's Name _____

MEDICAL RELEASE

I hereby agree to abide by all rules and policies of the Sojourn and recognize that I may be prohibited from activities if I fail to comply with the rules and policies. I authorize the American Canoe Association, or any of the Alle-Kiski Connie Sojourn Planning Committee members to obtain emergency medical treatment, if necessary, for me.

Date _____ Signature _____

(If under 18, must have signature of parent or guardian)