

## Medical Information – Day Activity

The personal information collected in this form is used by “David Dreves Kayaking” staff to help manage the safety of the group. The information is carried with the leaders during the program and then stored in our offices for up to 5 years at which time it is destroyed. We do not trade or sell any information we collect from you. We only share your personal data outside of “David Dreves Kayaking” with your consent, as required by law or to protect “David Dreves Kayaking”. If you have concerns about the privacy and security of this information please let us know. You can always approach our staff privately before, at the beginning or during a program to verbally address any medical concerns you have.

Please list any chronic medical conditions you may have (have you been to the doctor in the last year?): \_\_\_\_\_

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Please list any medications you are taking: \_\_\_\_\_

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Please list any fears anxiety you may have regarding the activity you are participating in: \_

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

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