

Medical Form – David Dreves Kayaking

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 and explain any current or chronic conditions you suffer from;
(Have you been to a doctor in the past 12 months?)

Please list any medications you are taking and why?

What is the date of your last Tetanus shot? (Must be current within 10 years for any overnight trips); _____

Do you have any Allergies, please explain; _____

Do you have any food restrictions; _____

Please describe your over all fitness; _____

Please list any physical, mental or emotional limitations that may effect your ability to participate in these programs (fear of water, bears, large sea creatures?) _____

I _____ have completed this medical form accurately, truthfully and to the best of my knowledge. I understand that medical attention and response times can be very limited in the backcountry and that I may be responsible for any evacuation cost related to any injury or illness during this program.

Participant Signature

Parent Signature