

Southwind Kayak Center, Inc.

Guest Medical History

Please complete this form and bring it with you. Please circle one of every Y N pair.
This information is, of course, confidential and will only be used in case of a medical emergency.

Trip _____ Dates _____

Name _____ Age ____ Sex M F
Address _____ City _____ St ____ Zip _____
Telephone Day (____) _____ Eve. (____) _____

Allergies

Any reactions to: Penicillin Y N Insect Bites Y N Other Drugs Y N Foods Y N
Please specify: _____

Exposure

Have you been exposed to contagious or infectious diseases (including cold or flu) in past 3 weeks? Y N
Please specify: _____

Limited Activities

Is there any medical reason you should limit your physical activity? Y N Reason _____

Current Medications

Specify drugs and dosages: _____

Medical Care

Are you currently under the care of a physician for medical, surgical or emotional reasons? Y N
Briefly describe: _____

Medical Conditions

Are you currently subject to the following?
Headaches Y N Fainting Y N Convulsions/seizures Y N Kidney/Bladder Trouble Y N Joint Injury Y N
Heart Trouble Y N Diabetes Y N controlled by: diet __, oral medications __, insulin __

Tetanus

Date of most recent Tetanus or booster _____

Emergency

In case of emergency, please notify _____ relationship _____
at Day Tele: (____) _____ or Evening Tele: (____) _____

Other Info you wish to include:

I hereby authorize Southwind Kayak Center, Inc. to obtain such rescue and medical aid or assistance as might be required for my immediate care in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examinations, or hospitalization as might be ordered by a licensed medical doctor. I understand and agree that I am solely responsible for all charges for rescue operations and emergency medical services. In no event will Southwind Kayak Center, Inc., their officers, directors, shareholders, employees, or volunteers be held liable for any first aid or treatment performed pursuant to this consent.

This authorization shall remain in effect during the month(s) of _____, 200__.

Signed _____ Date _____

Thanks