

MEDICAL INFORMATION FORM, NEXT OF KIN AND EMERGENCY DETAILS

Paddler's name:

Medical Insurer:

Medical Aid Plan:

Member's Number:

Emergency telephone No. of Insurer:

Family Doctor:

Doctor's phone number:

Doctor's e-mail:

With regards to going paddling, do you have any current medical illnesses, disabilities or infirmities that require specific care and that we should be aware of?

Yes – Please Specify

No

Have you been hospitalized or had recent surgery that we should know about with regards going paddling?

Yes – Please Specify

No

Do you have any chronic medical conditions that we should know about with regards going paddling (e.g. heart, respiratory, diabetes etc.)*

Yes – Please specify

No

Do you have any dietary restrictions, food allergies, drug allergies or other allergies (eg. bluebottles, jelly fish)?*

Yes – Please Specify

No

Please acknowledge you will have necessary care available*

I will have the necessary allergy (eg epi-pen) care readily available

Do you need to wear glasses for paddling?

Yes

No

If Yes, Please acknowledge that you will use an adequate headstrap

Next of kin

Name

Relationship

Personal Phone

Work Phone

Email

Your Address*

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

South Africa

Country

Signature*

I hereby certify that I have not been recently treated for, nor am I aware of, any physical or other conditions or disability that would create an unreasonable risk to myself or pose a hazard to any other members of the activity.

I Agree and Accept