



Atlantic Canoe & Kayak Company
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MEDICAL INFORMATION FORM

In order to be prepared to handle medical emergencies, we ask that you please fill in all information requested. Thank you!

Trip Date(s): _____ Trip Location: Mallovs Bay

Name: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

(1) Please describe your skill level and fitness for: Paddling: _____ Swimming: _____

(2) Do you have any medical conditions or physical limitations that we should be aware of or that may affect your participation? (These might include diabetes, epilepsy, high blood pressure, heart disease, any significant back, leg, foot, arm, or hand problems.)

No Yes If yes, please explain: _____

(3) Do you have any allergies, including allergic reaction to any drugs, insects, foods, or anything else (if you have severe insect allergies, you must bring medication to treat yourself in the event of a sting).

No Yes If yes, please explain: _____

(4) I am currently taking the following medications: _____

I agree that the above information is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

For participants under age 18 at time of registration:

Parent or Guardian's Signature

(print name)

Date Signed: _____