



Silver Shark Water Sports

Medical History Form

This form is essential for your safety and enjoyment of the trip. Please take time to fill out completely, accurately, and return promptly. Please DO NOT mail this form. Bring it to the first day of camp.

Course Name: Paddle Sports Camp Course Date: 3/30 – 4/3/15

NAME: _____ Sex: _____ Date of Birth: _____ Address: _____

Email: _____

City: _____ State: _____ Zip: _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

In case of emergency, notify: _____ Relationship: _____ Phone: (_____) _____

Family Doctor: _____ Phone:(_____) _____ Health Insurance Company: _____

Policy #: _____

Are you allergic to any of the following? (Check if "yes")

Medication (please name type) _____ Aspirin _____

Food (please name type) _____ Insects _____

Other allergies (please list) _____

If yes to any of the above, please describe your allergic reaction and how you treat it:

Do you have a history of any of the following (Check if "yes"):

Frostbite____ Arthritis____ Diabetes____ Hypothermia____ Unconsciousness____ Dizziness____ Poor circulation____ Asthma (cold induced)____ Migraines____ Knee or joint problems____ Asthma (exercise induced)____ Seizures____ Toothaches____ Abnormal blood pressure____ Past surgery____ Bronchitis____ Eyestrain (light sensitive)____ Stomach problems____

If yes to any of the above, have you been treated? Explain:

Are you still on medication? Explain:

Have you taken or do you presently take any medication on a regular basis? If yes, describe:

Do you use a corrective brace or device? _____

Is there anything that we should know about you? (Phobias, special sensitivities, ect.)

Do you require a special diet? If yes, please explain:

I have answered the above questions accurately and completely.

The staff of Silver Shark Water Sports has permission to seek and/or administer emergency care for the participant in the event that the participant or guardian cannot respond at the time of emergency.

Date: _____ Signature of participant: _____

Date: _____ Signature of parent/guardian: _____ (if participant is under age 18)