



**Coastal Kayaking School**  
*Inspiring Paddlers Since 1980*  
**Medical Disclosure Form**  
Phone: 604-689-7575 school@ecomarine.com

*This information is confidential and is for the sole use of the first aid certified instructors to react appropriately in an emergency. A Release of Claims and this Medical Disclosure Form must be completed and handed to the instructor before participating in the program.*

Participant Name: \_\_\_\_\_

If participant is under 19 years old, parent's or guardian's name: \_\_\_\_\_

Parent's or guardian's contact phone number during the program: \_\_\_\_\_

Participant's Birthdate: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Sex: (Female) \_\_\_ (Male) \_\_\_

***In case of emergency contact – Name:*** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Eve Phone:** \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Carecard # (B.C. Residents only): \_\_\_\_\_

Physical Condition: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Swimming Ability: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Date of last tetanus inoculation or booster: (month) \_\_\_\_\_ (year) \_\_\_\_\_

Are you on any medications (prescription or non-prescription)? Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

Do you have allergies? Please list: \_\_\_\_\_

**If you are highly allergic to insect bites you must supply your own Anakit or Epi pen.**

Chronic disability or illnesses (high blood pressure, heart condition, epilepsy, diabetes, asthma, or others) please list: \_\_\_\_\_

History of joint injury (tendonitis, bursitis, sprains, dislocations, or other) \_\_\_\_\_

Do you wear glasses? Yes \_\_\_ No \_\_\_ Do you wear contact lenses? Yes \_\_\_ No \_\_\_

**(We recommend bringing a spare pair of glasses and retainers to the program)**

Have you any physical limitations that would affect your participation in ocean kayaking?  
(fear of water, etc.) \_\_\_\_\_

If any of the above information changes prior to, or during the program, I will inform the instructor(s).

Participant's signature (or parent or guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_