



THIS MEDICAL INFO MUST BE
FILLED OUT IN ORDER TO
PARTICIPATE IN ONE TREE
PADDLES TOURS, RENTALS, AND
ANY OTHER ACTIVITIES.

PERSONAL INFO

NAME: _____

ADDRESS: _____

DATE OF BIRTH
(YYYY/ MM/ DD)

MEDICAL INFORMATION

Emergency Contact: _____

Relationship: _____

Phone: _____

A tetanus shot? Inoculation/Booster Date: _____

Have you had reason to be under a doctor's care during the last 12 months?

List any prescription and non-prescription medication you will be taking on the expedition. Please pack in a waterproof/sun-proof container. Ensure that it has not expired! (Attach Separate)

List known allergies to insects, food, etc.

Medications for the condition:

Do you suffer from any chronic illness or disability such as: epilepsy, high blood pressure, nosebleeds, headaches, asthma, fainting spells, hay fever, heart conditions, diabetes, or others not mentioned here?

If Yes, please describe what triggers the onset.

Please describe food preferences (Vegetarian, Gluten Free, No Shell Fish, etc.)

Is there anything else that may affect your participation on your trip? Write us!
Should there be any change in your medical standing before or during the expedition, it will be your responsibility to inform One Tree Paddles or its guides.

I understand that the expedition will involve strenuous activity and that I need to achieve a reasonable level of fitness in order to participate. Before the departure of the expedition, if I have any concerns whatsoever about my physical fitness or health, I will consult the opinion of my doctor immediately.
I hereby certify that the above information is to the best of my knowledge true.

PRINT NAME: _____

AGE: _____ MALE: _____ FEMALE: _____ DATE: _____

SIGNATURE: _____

(If participant is under 18, please have parent sign here)

Email Form To: onetreepaddles@kayak-bc.com