SEASCAPE
Kayak Tours Inc.
Guiding eco-friendly ocean adventures since 1994

MEDICAL & EMERGENCY FORM

PLEASE FILL IN ONE FORM PER PERSON, EVEN IF A COUPLE OR IN SAME FAMILY

NAME OF PARTICIPANT: _____
HEIGHT: _____ WEIGHT: _____ SWIMMING ABILITY: YES ___ NO ___
PREGNANT: YES ___ NO ___ IF YES, EXPECTED DUE DATE _____
MEDICAL CONDITIONS WE SHOULD BE AWARE OF (PAST AND PRESENT): YES ___ NO ___
IF YES, PLEASE SPECIFY: DIABETES / HEART DISEASE / EPILEPSY / ASTHMA / HIGH BLOOD PRESSURE / BACK PROBLEMS / DISLOCATIONS / OTHER, PLEASE DESCRIBE:

_____
_____
_____
_____

ARE THERE LIMITATIONS ON ANY OF THE ACTIVITIES INCLUDED IN OUR TOURS? YES ___ NO ___

IF YES, PLEASE SPECIFY:

_____
_____

MEDICATIONS YOU ARE TAKING WITH DOSAGE:

_____
_____
_____

ALLERGIES / DIETARY RESTRICTIONS (PLEASE DESCRIBE IN DETAIL. FOR INSTANCE, IF YOU ARE VEGETARIAN, VEGAN, LACTOSE INTOLERANT, ALLERGIC TO FISH, NUTS, ETC.):

_____
_____
_____

MEDICAL INSURANCE COVERAGE:
COMPANY _____
POLICY NUMBER _____
CONTACT PERSON IN CASE OF EMERGENCY: _____
RELATIONSHIP _____
ADDRESS _____
PHONE NUMBERS Home _____ Work _____