

Paddler Health Information\*

\*based on your responses below, there may be supplemental forms or physician's releases we will need completed or signed before camp attendance.

Physician Name : \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group Insurance Number: \_\_\_\_\_

Individual ID Number: \_\_\_\_\_ Other \_\_\_\_\_

Paddler Medical Conditions:

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Medically necessary Dietary Requirements:

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Is the paddler required to take regular medication: Yes No (all medications are self-administered)

Prescription Medication: (please specify reason for medication above):

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Over-the-Counter Medication: (please list medications that your paddler will bring).

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Does the paddler has known allergies? (food, bee sting, peanuts....)

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Emergency Contact Details:

Name	Relationship with Paddler	Primary Number	Signature

Please email the form to [cchevallier@sdckt.net](mailto:cchevallier@sdckt.net) prior to the camp.

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