

Medical Intake Form

Emergency Contact Information

Full Name: _____
Relationship: _____
Phone Number: _____
Alternate Phone Number: _____

Medical Information

Primary Care Physician: _____
Physician's Phone Number: _____

Do you have any medical conditions that we should be aware of? (e.g., asthma, diabetes, heart conditions, etc.)

Yes / No

If yes, please specify: _____

Are you currently taking any medications?

Yes / No

If yes, please list the medications and dosages: _____

Do you have any allergies? (food, medications, insect stings, environmental, etc.)

Yes / No

If yes, please specify: _____

Do you have any dietary restrictions or special dietary needs?

Yes / No

If yes, please specify: _____

Do you have any physical limitations or disabilities that might affect your participation in the tour?

Yes / No

If yes, please specify: _____

Have you had any recent surgeries or medical procedures?

Yes / No

If yes, please specify: _____

Emergency Medical Treatment Consent:

In the event of an emergency, do you consent to receive medical treatment?

Yes / No

Fitness and Activity Level

How would you rate your fitness level?

Poor / Fair / Good / Excellent

Do you have experience with kayaking or similar activities?

Yes / No

If yes, please describe your experience: _____

Consent and Acknowledgment

I understand that participating in kayaking and outdoor activities involves inherent risks, including but not limited to physical exertion, exposure to environmental elements, and potential wildlife encounters.

I certify that the information provided above is accurate and complete to the best of my knowledge.

I agree to inform the tour operator of any changes to my medical condition or medication prior to the tour.

I consent to receiving emergency medical treatment if necessary during the tour.

I release San Carlos Kayaks & Campamento Coyote and its employees from any liability related to my participation in the tour, except in cases of gross negligence or willful misconduct.

Signature: _____

Date: _____

For Office Use Only

Tour Date: _____

Guide Name: _____

Please fill out this form completely and return it to our office before your scheduled tour. Your safety and well-being are our top priority. Thank you for your cooperation!