

DECLARATION FORM

I,DOB.....
(Given Name) (Surname)

accept there are potential risks associated with taking part in any canoe/kayak or aquatic activity.

I consent to participate in.....(name of activity/education course)
with this knowledge. Whilst every effort is always made to minimize risks, I will not hold Paddle SA (Canoe SA t/as)
Paddle Australia or any authorised representative responsible for harm should it occur.

I have completed the health information below and included details of any limitations for activities to be undertaken.
This information is confidential and is only made available to staff and instructors on a 'need to know' basis.

Signed (if U18 years of age Parent/Guardian consent required)

Print Name of Signatory **Date**

Emergency Contact Name.....Mobile Phone:.....

Email.....

HEALTH INFORMATION

Information contained in this section is necessary to ensure that the proper management of any illness.

Do you have any of the following medical conditions?	Circle Answer	Further information or special instructions. If medication required, please bring it with you.
Epilepsy? Convulsions/Seizures ?	Yes / No	
Asthma or other breathing disorders?	Yes / No	If yes, is medication required?
Allergies? (e.g. Bee sting, hay fever or other environmental related allergy)	Yes / No	
Diabetes (Type 1/Type 2)	Yes / No	
Vision or hearing problems (e.g. glasses or hearing aid)	Yes / No	
Heart disease (e.g. drainage tubes)	Yes / No	
Blood Pressure Disorder (high/low)	Yes / No	
Details of last anti-tetanus booster	Yes / Not known	Year of last booster:
Current Medication	Yes / No	Name of medication: Dosage: Administered by whom:
Any further relevant information (eg recent hospitalisation, other physical impairments)	Yes/No	