

Swiftwater Adventures Medical Information Form

It is essential to your safety and fun that you complete this form for any and all Swiftwater Adventures trips and activities. Please take the time to accurately complete this form. In case of emergency this form can supply valuable information to our staff, guides and medical professionals.

Participants can mail form to:

Swiftwater Adventures 22 E. Riverside Rd. Esko, MN 55733

Participants can also scan and e-mail form to: info@swiftwatermn.com

Or participants may fill out and complete form prior to trip at check in.

Please fill out neatly and completely. Your life could depend on it. Thanks!

Name _____ Age ____ Birthdate _____ Gender M F

Street Address _____

City _____ State _____ Zipcode _____

Telephone _____ E-mail _____

In case of emergency notify: _____

Relationship _____ **Telephone** _____

Do you have medical insurance: Yes No

Medical Insurance Provider: _____ Policy # _____

Do you have any physical conditions, which might affect your safety or health on the trip? Yes No

If yes, please explain: _____

Please note any history of serious illness such as diabetes, epilepsy, heart condition, past strokes, or any other previous injuries, or allergies such as foods, hay fever, bee stings, medications, etc.

Important Note: We are not medical professionals that are qualified to evaluate your physical, medical, and/or readiness to participate in any Swiftwater Adventures trip or activity. If you do have a medical and/or physical condition, please consult with your physician as to whether or not you are able to participate.