



130 Settlement Road, Stonington, ME 04681 ~ 207-367-8977 ~ www.oldquarry.com

**EMERGENCY CONTACT & CONFIDENTIAL MEDICAL HISTORY**

This form is essential for your safety and enjoyment of your boating program. Please read this form carefully.

**Program:** 1/2 day: \_\_\_\_\_ Full day: \_\_\_\_\_ Overnight: \_\_\_\_\_ Dates: \_\_\_\_\_  
Name of Participant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Gender: M \_\_\_ F \_\_\_

What do you hope to gain from this trip/course? \_\_\_\_\_  
\_\_\_\_\_

Please indicate which boating activity you will participate in: \_\_\_\_\_

How would you rate your boating skill level?  
Beginner: \_\_\_\_\_ Adv. Beginner: \_\_\_\_\_ Adv. Intermediate: \_\_\_\_\_ Adv: \_\_\_\_\_ Expert: \_\_\_\_\_

**In case of an emergency, please contact:** Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Are you allergic to the following:** Aspirin: \_\_\_\_\_ Penicillin: \_\_\_\_\_  
Any other Medicines: \_\_\_\_\_ Foods: \_\_\_\_\_  
Materials: \_\_\_\_\_ Insects: \_\_\_\_\_ other allergens: \_\_\_\_\_  
If yes to any of the above allergens, please describe your reaction and how you treat it \_\_\_\_\_

**Do you have a history of:** Hypoglycemia \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_  
High BP \_\_\_\_\_ Seizures \_\_\_\_\_ Seasickness \_\_\_\_\_  
Poor Circulation \_\_\_\_\_ Shoulder problems \_\_\_\_\_ Back problems \_\_\_\_\_  
Hip problems \_\_\_\_\_ Knee/Ankle injury \_\_\_\_\_ Sight/hearing problems \_\_\_\_\_

**If yes to any of the above, have you been treated?** Explain: \_\_\_\_\_  
\_\_\_\_\_

Please list and explain any other **physical disabilities or medical conditions** you may currently have or have recently been treated for that Old Quarry should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Please list any **prescription medications** you will be taking during this trip and what they are used for: \_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about you (i.e. phobias, sensitivities, etc.)? \_\_\_\_\_  
\_\_\_\_\_