



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: Half day: ___ Full day: ___ Overnight: ___ Other: ___ 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.)? _____

I certify by my signature below that the above information is true and accurate.

Signature

Date