

Declaration of Medical Complications and Emergency Measures

I, , wish to compete in ICF Paracanoe events

Please print full name

I understand that the ICF requires me to state any known medical conditions that may compromise my safety on the water. I understand that I must state the current management for my condition(s)

Possible Medical Complications

Steps to take should these occur

All medication is as follows

Signature of Paddler (or Guardian if under 18)

Signature of Witness

Print Witness name

Date

PLEASE NOTE:-

The ICF Paracanoe Athlete Certificate of Diagnosis must be filled out in English, signed by a Medical Doctor, and attached to this form