

Medical Details/Requirements

A separate form must be completed for each person participating in any activity run by Authentic New Zealand Hunting and Fishing Limited

Name of participant: _____

Age (optional): _____ (This information may help medical staff when treating you)

Any current medical conditions: _____

Any medical treatment you are currently receiving: _____

Any other medical or physical conditions that may affect your ability to participate in the planned activities:

Please list all medications being taken by you, or that you will be taking during the trip:

Please advise of any special requirements either medical or dietary that we should be aware of:

I declare that the information provided is, to the best of my knowledge, true and correct in every detail and by signing this form I give consent for this information to be made available to all guides involved in the activities I will be participating in and all relevant medical parties.

Signed _____ Date _____