



Health Information Form

To ensure your child's safety and health during the trip, please provide this information.

If you have more than one child attending, please complete one form per child.

Should you have any questions, please contact us at 415.332.8494 or paddle@seatrek.com

Child's name: _____

Parent(s) name(s): _____

Any dietary restrictions (choose all that apply):

- Flexible, can eat most foods
- Pescatarian
- Strict vegetarian
- 100% vegan
- 100% gluten free
- Has special food needs; will call Sea Trek to discuss
- Other _____

Food allergies: _____

Environmental allergies: _____

Any allergies that cause anaphylaxis and require an EPI pen*: YES* NO

*If yes, how many EPI pens will you provide: _____

Do you have a care plan in the case your child is exposed to the allergen? If so, please attach a copy.

Any prescription medication currently being taken: YES* NO

*If yes, please list names of medication(s): _____

Does your child wear a MedicAlert tag: YES NO