

# Kayak the Great Glen Medical declaration



Please complete the following questions as fully as possible. The information you provide will be treated in confidence and will enable us to support you on the trip.

## Personal details

Title	Surname	First name
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## Medical conditions and treatment

Please give details of any medical conditions you have (e.g. Asthma, Diabetes, Epilepsy, Mental Illness, Autonomic Dysreflexia):

Please give details of any medical treatment/support you are currently receiving, including any prescribed dressings or medication, dosage and frequency taken. Please continue on a separate piece of paper if necessary.

Name of medication/prescribed for?	Dosage	How often do you take it

Do you have any allergies? If yes, please provide details

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Please complete the following section if you have a spinal cord injury (please use another sheet of paper if you run out of space)

Level of injury		Complete or incomplete	
If your injury is incomplete please give details of movement/sensation below your injury level			
Please rate the following (tick appropriate box)			
Balance	Good	Average	Poor
Strength	Good	Average	Poor
Can you hold a 1kg bag of sugar		Left hand	Right hand
a) With hand under sugar			
b) Gripping sugar bag from above			
Do you have problems with pain? If yes, please give details of management			
Do you have problems with spasm? If yes, please give details of management			
Are you able to independently transfer from your wheelchair to a minibus seat unaided?		Yes / No	
Can you sit upright unaided on the floor unaided?		Yes / No	
Whilst sitting upright unaided on the floor can touch your toes?		Yes / No	
Can you lift your bottom off the floor by pushing down with your hands?		Yes / No	
<b>Bladder and bowel management</b> While on the trip there might be long time periods (up to 4 hours) between toilet stops. We are able to build in additional stops as necessary. Please provide details of your bladder and bowel management that will need to be considered when planning the trip.			

Signed: .....

Date: .....

Return to: [fundraising@backuptrust.org.uk](mailto:fundraising@backuptrust.org.uk) or

Back Up, Jessica House, Red Lion Square, 191 Wandsworth High Street, London, SW18 4LS