

Health on the mountain

The combination of strong equatorial sun and thinner air makes sunburn and snow blindness very common. Protect your skin and eyes from the sun. Dehydration predisposes hypothermia and altitude illness. Drink 4 to 6 liters of fluids per day. A diet high in carbohydrates supplemented by other foods will best prepare your body for the challenging alpine environment.

Headache and slight nausea are common effects of altitude for the first night above 4,000 m (13,000 ft).

Dress right, eat right, drink right - These guidelines may save your life. Extremes of heat, cold, wind and sun can adversely affect visitors to Mt. Kenya. Temperatures range from 30°C (90°F) to 15°C (0°F). Hypothermia or exposure is a life threatening lowering of the body core temperature. It can occur in air temperatures as high as 10°C (50°F). UV protection and dark glasses should be carried.

At high altitudes, the available amount of oxygen decreases dramatically. This can result in medical situations that must be of concern to every visitor. These range from Acute Mountain Sickness, with various degrees of discomfort, to High Altitude Pulmonary Edema and Cerebral Edema, both of which can be fatal. Because cases can progress rapidly from mild to severe, recognition of symptoms is essential.

Appetites change with altitudes and the desire for heavy meals dwindles. Plenty of "brewing" ingredients are advised, including tea, chocolate and citrus fruit drinks.

The number one prevention of High Altitude sickness is a proper schedule as well an experienced guide. Most climbers will have some limited discomfort which can include shortness of breath, bouts of insomnia, headaches and decreased appetite. Point Lenana is well above the altitude at which HAPE or HACE can occur.

The above information is borrowed from MCK.

Medical Consent Form

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Personal Medical Provider Information

Insurance Provider: _____ Policy Number: _____

Expiry Date: _____

Name of primary insured: _____

Physician: _____ Physician's phone: _____

Group Medical Information Provider: _____ Policy Number: _____

In case of emergency contact:

1. Name	Phone	Relationship
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2. Name	Phone	Relationship
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Known Medical Problems and Medications: This information is included to provide information to emergency personnel of medical problems and medication in an emergency situation.

While African Frontier (the Facilitator) and Life In Abundance (the Organizer) will take all precautions to ensure your safety, they take no responsibility for any injury that may be incurred in participating in our activities.

Medical Consent Authorization

In the event of injury, accident, illness or other emergency, and if the above stated physician cannot be reached, I authorize myself to be treated by certified emergency medical technicians, emergency room physicians, and other emergency rooms personnel such as nurses and laboratory technicians. I agree and accept financial responsibility for the costs related to this medical treatment.

In signing this form, I release African Frontier Ltd, Life In Abundance and all other involved parties from any claims or responsibility for injuries suffered before, during and after the climb. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others and assume FULL responsibility for my participation. I certify that am in good physical condition and can participate in the climb. Further, I authorize African Frontier to request medical treatment as necessary to insure my well being.

Name

Signature

Date