



# Adult Health Form

Please send completed and signed form to:  
Audubon Center of the North Woods  
PO Box 530, Sandstone, MN 55072  
Phone: 320-245-2648; Fax: 320-245-5272  
Email: schools@audubon-center.org

This Form **MUST** be completed by each adult guest.

Guest's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Cell or Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

<b>Emergency Contact</b>
Name _____
Relationship _____
Daytime Phone _____
Evening Phone _____

<b>Primary Physician (s)</b>
Name _____
Phone _____
Name _____
Phone _____

<b>Insurance Information</b>
Carrier _____
Policy # _____
Group # _____
Insurance Phone _____

1. Do you have any of the following conditions?

- Epilepsy/seizures     
  Bleeding/clotting disorder     
  Heart     
  Asthma/emphysema  
 High blood pressure     
  Diabetes     
 OTHER: \_\_\_\_\_

2. Allergies (food, environmental, medication): \_\_\_\_\_  No known allergies

Please check this box if allergies are anaphylactic

3. Dietary preferences or restrictions (e.g., vegetarian, vegan, gluten-free, etc.). Note: We make every attempt to offer and identify vegetarian and gluten-free menu options at each meal. If you have severe food restrictions or specialized dietary needs, you may need to bring supplemental food. Please see our food policy for detailed information.

4. List any medications taken on a daily basis (or attach separate sheet): \_\_\_\_\_  Do not take any medications

5. Do any medications require refrigeration?  Yes  No

6. Do you have any other Medical Condition of which the Center should be aware? (describe below)

\_\_\_\_\_

7. Will you have any special Medical requirements during this event?  Yes  No

\_\_\_\_\_

I hereby release the above information for use of the Audubon Center of the North Woods and/or any other Medical personnel who might need to provide care to me during this event.

In the event of an emergency, I authorize treatment by emergency medical personnel.

Signature \_\_\_\_\_ Date \_\_\_\_\_