



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 _____

Emergency Contact
Name _____
Relationship _____
Daytime Phone _____
Evening Phone _____

Primary Physician (s)
Name _____
Phone _____
Name _____
Phone _____

Insurance Information
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

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.

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 _____