



# Audubon Center of the North Woods

Experience Your Environment

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## Student Health Form

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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

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's School \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Student's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

In an emergency, if unable to reach parent/guardian, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### Health Insurance Information

*Parent(s)/Guardian(s) assume the full cost of any medical or hospital expenses incurred. Medical payment coverage and reimbursement for said child is as follows:*

Name of Health Insurance or medical relief coverage \_\_\_\_\_

Policy# \_\_\_\_\_

### Health Information

Do you know of any health-related reason that your child shouldn't take part in physical activities at the Audubon Center? (If unsure of the physical activities planned for your child's group, please ask your child's teachers.)

YES       NO

If yes, please explain:

Has your child had any serious illnesses or accidents during the past year?

YES       NO

If yes, please explain:

Does your child have any diagnosed psychological, emotional or behavioral disorders?

YES       NO

If yes, please explain:

Date of child's most recent tetanus shot \_\_\_\_\_

*continued on next page*

## Health Information (continued)

Does your child have non-food allergies?

YES       NO      If yes, please explain:

### **FOOD ALLERGIES/Dietary Restrictions**

Does your child have any known food allergies?

YES       NO

If yes, please explain:

Does your child have special dietary needs?

Vegetarian       Vegan  
 Gluten free       Dairy free  
 Pork free       Other (please specify)

*If your child is attending with a school group, the information below will be utilized by your child's school staff:*

Is your child receiving any medication either at home or at school?       YES       NO

Name of and reason for medication:

\_\_\_\_\_

Is it acceptable for your child to carry medication on his/her person?       YES       NO

Is it acceptable for your child to administer his/her own medication?       YES       NO

Is it acceptable for your child's school staff to administer non-prescription medication (aspirin-free) to your child?       YES       NO

I, the undersigned parent/guardian of \_\_\_\_\_ (**student's name**), grant and assign staff members of the Audubon Center of the North Woods and \_\_\_\_\_ (**student's school name**) the authority and consent to sign medical emergency release documents both for doctors and hospitals on behalf of my child, and grant and assign to them permission and consent for emergency medical treatment, operation, administration of anesthesia, blood transfusion, or urgent medical treatment of any illness or injury that any qualified medical practitioner may deem necessary for our child's welfare in the event parents cannot be contacted.

I request and authorize my child to be responsible to self-administer medication, thereby releasing the Audubon Center and school personnel from liability should inappropriate usage and/or restrictions result from the medication(s).       YES       NO

It is further understood that staff members will notify the parent /guardians of any medical treatment as soon as possible.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_