



**Audubon Center
of the North Woods**

Adult Health Form

Please mail or fax to:
Audubon Center of the North Woods
PO Box 530, Sandstone, MN 55072
Fax: 320-245-5272

Contact Information

Name _____ Date of Birth _____

School _____

Home Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Primary Physician _____ Physician's Phone _____

In an emergency, contact:

Name _____ Phone _____

Relationship _____

Health Insurance Information

Name of Health Insurance or medical relief coverage _____

Policy# _____

Health Information

Do you know of any health-related reason that you shouldn't take part in physical activities at the Audubon Center?

YES NO

If yes, please explain:

Food Allergies

Do you have any food allergies?

YES NO

If yes, please explain:

Signature _____ Date _____