



**Audubon Center  
of the North Woods**

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# Adult Health Form

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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 \_\_\_\_\_

County \_\_\_\_\_ 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:

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