

Required student and chaperone forms

Please distribute the attached medical form, liability form and packing list to your students, parent chaperones and attending teachers well in advance of your visit to the Audubon Center of the North Woods.

The attached forms (also linked to online versions below) should be filled out and signed by parents and adult participants – please collect and submit to ACNW in one batch:

Student Health Form Required for overnight trips

Spanish version online – Formulario Salud de Alumno

Adult Health Form Required for overnight trips

Spanish version online – Formulario Salud de Adulto

Liability Release Required for ALL programs

Spanish version online – Formulario Responsabilidad

What to Bring packing list

Spanish version online – Que debo traer al Centro

Information for Parents

Spanish version online – Informacion padres

PLEASE NOTE: We must have a signed liability form for each student before they can participate in Audubon Center of the North Woods programs.



Student 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

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 e 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 shouldr Center? (If unsure of the physical activities planned for your child	
☐ YES ☐ NO	
If yes, please explain:	
Has your child had any serious illnesses or accidents during the YES NO If yes, please explain:	past year?
Does your child have any diagnosed psychological, emotional or YES NO If yes, please explain:	behaviorial disorders?
Date of child's most recent tetanus shot	

continued on next page

Health Information (continued)

Does your child have non-food allergies?	1			
☐ YES ☐ NO If yes, ple	ase explain:			
FOOD ALLERGIES/Dietary Restr	<u>ictions</u>			
Does your child have any known food all	ergies? Does your child ha	ive special dieta	ry needs?	
☐ YES ☐ NO	☐ Vegetarian	☐ Vegan		
If yes, please explain:	☐ Gluten free	☐ Dairy fre	Dairy free	
	☐ Pork free	Other (p	lease specify)	
If your child is attending with a scho	ol group, the information below will be utilize	ed 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	:			
ls it acceptable for your child to carr	y medication on his/her person?	 □ YES	□ NO	
Is it acceptable for your child to adn		YES	☐ NO	
Is it acceptable for your child's scho	ol staff to administer			
non-prescription medication (aspirin-free) to your child?		☐ YES	□ NO	
I, the undersigned parent/guardian ofstaff members of the Audubon Center of (student's school name) the authority a doctors and hospitals on behalf of my chemergency medical treatment, operation treatment of any illness or injury that any welfare in the event parents cannot be contact.	the North Woods and and consent to sign medical emergency ild, and grant and assign to them permi , administration of anesthesia, blood tra qualified medical practitioner may deer	r release docum ssion and conse ansfusion, or urg	ents both for ent for gent medical	
I request and authorize my child to be recenter and school personnel from liability medication(s). YES NO		-	-	
It is further understood that staff member soon as possible.	s will notify the parent /guardians of any	y medical treatn	nent as	
Parent/guardian signature	Date _			



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			
	1		
Emergency Contact	Primary Physician (s)	Insurance Information	
Name	Name	Carrier	
Relationship	Phone	Policy #	
Daytime Phone	Name	Group #	
Evening Phone	Phone	Insurance Phone	
1. Do you have any of the fell.	a conditions?		
1. Do you have any of the followin			
	Bleeding/clotting disorder	☐ Asthma/emphysema	
may need to bring supplemental food	d.		
4. List any medications taken on a	daily basis (or attach separate sheet):	\square Do not take any medications	
5. Do any medications require refrig	geration?		
6. Do you have any other Medical C	Condition of which the Center should be awa	re? (describe below)	
7. Will you have any special Medica	al requirements during this event?	∕es □No	
	nformation for use of the Audubon Cente t need to provide care to me during this o		
In the event of an emergency	v, I authorize treatment by emergency me	edical personnel.	
Signature	יח	ate	



Liability Release Form

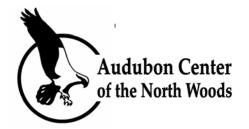
Please send completed and signed form to: Audubon Center of the North Woods PO Box 530, Sandstone, MN 55072 Phone: 320-245-2648; Fax: 320-245-5272 Email: schools@audubon-center.org

Form MUST be signed for each individual before program participation

It is the school's/group's responsibility to collect signed liability releases from each adult participant and from a parent/guardian of each youth participant (if applicable) and submit all releases to the Audubon Center.

Assumption of Risk and Liability Release

Participant Name	Birthdate	
School/Group Name		
Participant is a: student parent teacher other		
□ I will be participating / □ I authorize the above-named participant to participate the North Woods. I acknowledge and am aware that this program involves certain assume. These risks may include (but are not limited to) physical injury, emotion illness, death or property damage due to inclement weather; walking on uneven snowshoeing; rock climbing and belaying on an indoor climbing wall; a high rope sites; and other peoples' actions. Following appropriate medical consultation, I hadequate to participate safely in this program (except as indicated on the Studer emergency, I authorize treatment by emergency medical personnel. I understand despite the use of safety equipment, without jeopardizing the essential qualities of	n inherent risks which I expressly accept and al injury, paralysis, permanent disability, trails; canoeing; cross country skiing; as course activity; field trips to non-ACNW ave determined that my child's/my health is at or Adult Health Form). In the event of and such risks simply cannot be eliminated,	
Accordingly, I hereby voluntarily release and forever discharge ACNW, including volunteers, participants, and all other persons or entities acting for them on behat all liabilities to me with respect to injury, sickness, disease, loss or damage. This me or my estate of any description, whether arising from ordinary negligence or expenses of any kind. In the event that some other person or entity seeks competestate will indemnify and hold harmless ACNW for all sums reasonably incurred be interpreted and enforced under Minnesota law.	alf of myself and my children, from any and release applies to any and all liabilities to otherwise, and whether involving fees and ensation for these released liabilities, I or my	
By signing this document, I understand and agree that if I am hurt or if my prope activity, I may be found by a court of law to have waived my right to maintain a latte basis of any claim for negligence. I have had enough time to read this agree chose to do so. I understand that this activity may not be made available to me if I have read and understood this document and I agree to be bound by its terms.	awsuit against the parties being release on ment and consult with legal counsel if I so	
Parent/Guardian or Participating Adult Signature	Date	
Mailing Address		
City State	Zip	
Email Phone		
Please note: Failure to sign this form will prohibit you/your child from participating in activities. You are invited to request more information about our programs, facilities,		
☐ Audubon Center of the North Woods does not have permission to use any photos taken d☐ I do not wish to receive information about the Audubon Center of the North Woods	uring the visit in publicity materials	



Packing List:

Audubon Center of the North Woods PO Box 530, Sandstone, MN 55072

Fax: 320-245-5272

What to Bring and What to Leave at Home

Students and adults are responsible for bringing personal items and clothing appropriate for the season. Remember that everyone will be outside much of the day, and being properly dressed is essential for comfort and safety. Our weather is quite different from that in the Twin Cities metro area. Usually, winter temperatures are colder and snow cover is deeper. Fall typically comes two weeks earlier, and spring two weeks later. Outdoor classes go on, rain or shine, so please come prepared for weather!

We want your stay to be as pleasant as possible. Please visit our website for information about the Audubon Center of the North Woods, or contact your school's group leader if you have any questions or special requests. A suggested packing list follows:

CI	O	th	ir	a

Rain gear and boots

Tennis or hiking shoes

One pair of indoor-only shoes or slippers (for inside dorm and

dining hall) Warm jacket Sweaters

Changes of outer clothing Changes of under clothing

Hat and gloves

Several pairs of socks

Shoes, sandals or rubber boots to get wet for canoeing or aquatics

Add for Winter

Warm hat (ear muffs are not enough) 2 pairs of mittens (not gloves) Snowmobile Suit or snow pants Warm winter coat Long underwear

Snow boots are required from November 1 - April 15

Personal Gear

Refillable Water bottle

Flashlight

Sleeping bag or bedroll

Pillow

Towels, bath & hand Soap & container

Shampoo

Toothbrush & paste Pajamas & slippers

Medications
Writing materials

Optional Personal Gear

Camera

Money for Audubon Center Store purchases

Sunglasses

Insect repellent (DEET-free only)

Book to read

Travel clock (chaperones)

ADULTS (teachers & chaperones): Please bring your own travel mug if you wish to

take coffee out of the dining hall (we discourage the use of disposables)

Optional Group Equipment First Aid kit Movies, videos

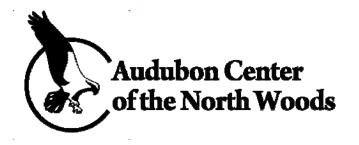
Games, play equipment

Journals Coffee maker

Please Leave at Home

Radios, iPods, MP3 players, etc. Chewing gum, candy, pop Alcohol, tobacco, drugs, weapons

Non-recyclable items



Our Mission

To instill a connection and commitment to the environment in people of all communities through experiential learning

INFORMATION FOR PARENTS/GUARDIANS

About the Audubon Center

The Audubon Center of the North Woods is a fully accredited Residential Environmental Learning Center established in 1968. We're located on Grindstone Lake in Sandstone, Minnesota, about 90 miles north of the Twin Cities. Our diverse, 535-acre sanctuary includes a variety of habitats, including old-growth red and white pines, hardwood forests, restored wetlands and prairies. While we have several traditional classrooms, our emphasis is on getting outdoors for maximum learning opportunities.

Program Overview

We offer a great variety of environmental learning experiences for people of all ages, including more than 50 grade-specific classes for K-12 students. Highlights of our school program include:

- Informative, interactive, and FUN classes. Your child will participate in at least two classes daily.
- Full array of adventure programming, including canoeing, cross-country skiing, a ropes course and a climbing wall.
- Birds of prey and other rehabilitation animals for viewing and programs.
- Informal evening programs.

Lodging and Dining

The **Crosby Dormitory**, with 112 beds, is adjacent to the Blandin Dining Hall / office building. Each room sleeps up to 8 people, featuring solid wood bunks and private bathroom facilities. Two rooms are wheelchair accessible. The historic **Schwyzer Lodge** and the **Lowry Lodge** house up to 48 people combined.

Blandin Dining Hall seats 200 people. We offer delicious meals prepared fresh and served cafeteria-style. Each meal includes a variety of exceptional cuisine, as well as fruit, salad and bread.

Contact and Emergency Information

Phone messages are delivered at mealtimes. Emergency calls are delivered as quickly as possible. A courtesy phone accepts outgoing collect and credit card calls, but not incoming calls.

Mail is delivered at dinner each evening. Please address letters to the Audubon Center c/o your child's school.

Emergency medical care and ambulance service is available 8 miles away at the Essentia Health Center in Sandstone.

Questions?

- For general information about the Audubon Center, please visit our website or send us an email.
- For specific information about your child's upcoming visit, please contact your child's teacher.