



**AUDUBON CENTER OF THE NORTH WOODS
Adult Health Form**

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 _____