



# Adult Health Form

Please send completed and signed form to:  
Osprey Wilds Environmental Learning Center  
PO Box 530, Sandstone, MN 55072  
Phone: 320-245-2648; Fax: 320-245-5272  
Email: schools@ospreywilds.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 \_\_\_\_\_

<u>Emergency Contact</u>
Name _____
Relationship _____
Daytime Phone _____
Evening Phone _____

<u>Primary Physician (s)</u>
Name _____
Phone _____
Name _____
Phone _____

<u>Insurance Information</u>
Carrier _____
Policy # _____
Group # _____
Insurance Phone _____

- Do you have any of the following conditions?  
 Epilepsy/seizures     Bleeding/clotting disorder     Heart     Asthma/emphysema  
 High blood pressure     Diabetes    OTHER: \_\_\_\_\_
- Allergies (food, environmental, medication): \_\_\_\_\_  No known allergies  
 Please check this box if allergies are anaphylactic
- Dietary preferences or restrictions (e.g., vegetarian, vegan, gluten-free, etc.). Note: We make every attempt to offer and identify vegetarian and gluten-free menu options at each meal. If you have severe food restrictions or specialized dietary needs, you may need to bring supplemental food. Please see our food policy for detailed information.  
 \_\_\_\_\_
- List any medications taken on a daily basis (or attach separate sheet): \_\_\_\_\_  Do not take any medications
- Do any medications require refrigeration?     Yes     No
- Do you have any other Medical Condition of which the Center should be aware? (describe below)  
 \_\_\_\_\_
- Will you have any special Medical requirements during this event?     Yes     No  
 \_\_\_\_\_

I hereby release the above information for use of Osprey Wilds Environmental Learning Center and/or any other Medical personnel who might need to provide care to me during this event.

In the event of an emergency, I authorize treatment by emergency medical personnel.

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