

## Nature's Classroom Adult Health Form

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) Tetanus: \_\_\_\_\_ (year) WT: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

Number

Relationship

ALLERGIES: Please list all known. Describe reaction and management of the reaction. (Food, Medication, other...)

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SPECIAL DIET?    N    Y    Please explain: \_\_\_\_\_

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Current health problems:

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Chronic health problems:

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Special health concerns:

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Insurance Information

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Co. Address/Phone: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Please attach a copy of the insurance card for use in an emergency (both sides).

Should I sustain or incur any accident or illness while attending Nature's Classroom, I hereby authorize the Director, her agent, or a school official to execute any and all documents in my behalf, including necessary releases, which might be required by a medical facility to perform emergency care.

This is to certify that I am in good physical condition and that the information provided is accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_