

Young Naturalists Club Health and Information Form

The Young Naturalists Club of Wake Audubon may involve outings to local and distant sites. In order to provide the best possible handling of incidents, we need the following information. This information will be kept strictly confidential.

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.ge_	Date	e of Birth	School			Grade	
1.	Does the participant a. have an allergy to bee stings?				YES	NO	
		If yes, will the par		sting kit?	-	·	
		have diabetes?		8			
	c.	have epilepsy?					
		have an allergic re					
		or duck serum or					
		Please indicate w	nich	· 0		· —	
			cribe.			·	
	Family Physician				·		
2. 3.	-	•					
	Name of Medical InsurerMedical Insurer ID NumberMedical						
	Name of EmployerNedical ID Number						
		uardian can not be					
				/ Home Phone	/	/ Work Phone	
		rent or Guardian)		/ Home Phone	/	Work Phone ne (if available)	
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give f an o	Name (Pa Name of I Name of I Name of I Name of I Sthere a Does the permission emergency,	Employer Employer Employer Employer Employer Employer Any other health in participant have a	formation that wany dietary restrictend outings with	Home Phone / Home Phone re should be aware ctions or food alle a the Young Nature be treated by a physical	/ Cell Pho / Cell Pho Relations e of? ergies? ralist Club. ysician or es	ne (if available) / Work Phone ne (if available) / Work Phone ship to JC If I cannot be reached in the mergency personnel. I certification is a second content of the	