



# DISCOVERY CENTER

at Pigeon Lake Field Station  
UNIVERSITY OF WISCONSIN SYSTEM

## Individual Health History Information

**PLEASE HAVE THIS FORM COMPLETED AND SIGNED PRIOR TO YOUR ARRIVAL. IF YOU ARE STAYING FOUR (4) NIGHTS OR MORE, YOU WILL BE REQUIRED TO SUBMIT THIS FORM TO THE STAFF UPON ARRIVAL.**

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First M.I. Maiden Name Birthdate (month/day/year)

Permanent Address: \_\_\_\_\_  
Street Address Apt # County of Permanent Residence

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone # \_\_\_\_\_ Business Telephone # \_\_\_\_\_

Person to contact in case of emergency:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First M.I.

(\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Home Telephone # Business Telephone # Cell Phone #

Allergies: Medicines, foods, bee stings, other? ( ) yes ( ) no  
If "yes" please list:

Are you presently taking any prescribed drugs or medical treatment? ( ) yes ( ) no  
If "yes" please list:

Are there any physical conditions or other information you would want given to medical personnel in case of emergency? ( ) yes ( ) no  
If "yes" please list:

I certify that the above information is correct. I give permission for release of this information to medical personnel and medical treatment if an accident or illness should occur while participating in activities at the Discovery Center. This includes referral to a local hospital, hospitalization, anesthesia and/or surgery should it become necessary. In addition, I understand that there are inherent risks to participating in events/courses at the Discovery Center. I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-River Falls, their officers, employees, agents, and volunteers from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the during the course of activities at the Discovery Center.

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

If the above person is under the age of 18 years of age, a parent or legal guardian must sign below.

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