

**PLEASE
PRINT**

**SHAWANO COUNTY 4-H SHOOTING SPORTS
EMERGENCY CONTACT INFORMATION**

NAME: _____
Last M.I. First Date of Birth

ADDRESS: _____
Street City State WI Zip

Parent(s)/Legal Guardian(s):
Name: _____
Home Phone #: _____ Cell Phone #: _____
E-mail: _____

Parent(s)/Legal Guardian(s):
Name: _____
Home Phone #: _____ Cell Phone #: _____
E-mail: _____

Emergency Contact (if Parent/Guardians cannot be reached)
Name: _____ Relationship to Child: _____
Best Phone # to call: _____

MEDICAL INFORMATION

Are you allergic to

| | | | |
|----------------------|-----|-------------|-------|
| any foods? | YES | What one(s) | _____ |
| | NO | | _____ |
| insect stings/bites? | YES | What one(s) | _____ |
| | NO | | _____ |
| medications? | YES | What one(s) | _____ |
| | NO | | _____ |

Please describe the action to be taken to the allergic reaction and/or health issue:

Are there any issues that we should be aware of? _____

