

**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

YOUR 4-H CLUB: _____

Emergency Contact #1:
Name: _____
Home Phone #: _____ Cell Phone #: _____
E-mail: _____

Emergency Contact #2:
Name: _____
Home Phone #: _____ Cell Phone #: _____
E-mail: _____

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? _____

