

**PLEASE
PRINT**

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

NAME:

Last	M.I.	First	Date of Birth
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ADDRESS:

Street	City	WI State	Zip
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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? _____

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