PLEASE PRINT

LAFAYETTE COUNTY 4-H SHOOTING SPORTS
EMERGENCY CONTACT INFORMATION

NAME: ____

Last M.I. First Date of Birth

ADDRESS: ______________________________ WI ______________

Street City State 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 NO	What one(s) ____________________
insect stings/bites?	YES NO	What one(s) ____________________
medications?	YES NO	What one(s) ____________________

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

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

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