

**PLEASE
PRINT**

**LAFAYETTE 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? _____

An AA/EEO employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title VI, Title IX and ADA requirements.

La Universidad de Wisconsin-Extensión, un empleador con igualdad de oportunidades y acción afirmativa (EEO/AA), proporciona igualdad de oportunidades en empleo y programas, incluyendo los requisitos del Título VI, Título IX, y de la Ley Federal para Personas con Discapacidades en los Estados Unidos (ADA).

