



Emergency Contact Form & Medical Information

Hunter Information

Name

First

Middle

Last

Address

Address

City, State, Zip

Phone Number

Cell

Other

Primary Emergency Contact

Name

First

Middle

Last

Relationship

Address

Address

City, State, Zip

Phone Number

Cell

Other

Secondary Emergency Contact

Name

First

Middle

Last

Relationship

Address

Address

City, State, Zip

Phone Number

Cell

Other

Continued

Emergency Contact Form & Medical Form

Health Insurance Information

Company Name _____ Phone _____

Insurance ID Number _____ Group Number _____

Primary Care Physician

Name _____
First Middle Last

Address _____
Address City, State, Zip

Phone Number _____
Main Other

Please list any medical conditions, allergies, diseases or other issues which you are/have been treated for.

Please list any prescription medications (with dosages) or other medication you are currently taking.

Please disclose any other medical or health information that you feel will impact you during your hunt.

Client Signature

Date

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