

WolfCreek Whitetails of Ohio, LLC

2735 East Hooppole Ridge Rd
McConnelsville, Ohio 43756
Matt (740) 517-2358 Mike (740) 651-3264

Group: _____

EMERGENCY MEDICAL FORM

In the event of an emergency, who should be contacted? Include name, relationship (ie, spouse, brother...), and phone number(s) of at least 2 persons:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of your last tetanus shot (if you are not sure, write unknown): _____

Please provide any information regarding your medical history of which a physician or hunting guide should be alerted: (allergies, medications being taken, physical impairment) :

CONSENT TO RECEIVE MEDICAL TREATMENT IN THE EVENT OF AN EMERGENCY:

If you give consent to receive medical treatment in case of an emergency, please sign and date.

_____ Date: _____