

## EMERGENCY CONTACT INFORMATION

Enter your information, print and carry with your Fishing and/or Hunting/Trapping License in case of an emergency.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Religion: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Medications: \_\_\_\_\_

Blood type: \_\_\_\_\_ Signature: \_\_\_\_\_