

WolfCreek Whitetails of Ohio, LLC  
4055 State Route 376, McConnelsville, Ohio 43756  
(740) 962-3414 or (740) 541-1141

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: \_\_\_\_\_