

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: _____