

**BEECH GROVE HUNT
EMERGENCY INFORMATION**

PRIVACY: This form will be sealed into its own envelope with your name on it. The envelopes will be brought to each hunt, so that if any emergency should arise, we can readily pull the form and give it to medical personnel. If you prefer, you can seal it in an envelope yourself and give us the envelope. Use a business-sized envelope. Please print your name on the envelope in large letters, as follows: LAST NAME, FIRST NAME

Because each individual will have his or her own envelope, you need to supply complete forms for EACH MEMBER OF YOUR FAMILY who is hunting. PLEASE do not write "same" in any of the forms after you have filled out the first set. How stupid would it look for us to give an emergency worker a form that said "same" when they are looking for critical information?

Make a copy of your insurance card, front and back, and attach it to this form.

This information is REQUIRED for you to be able to hunt with us. Should you become injured while hunting, we must be able to help you receive care.

NAME _____
HOME PHONE _____ WORK _____
CELL PHONE _____ BARN _____
EMAIL/ OTHER PHONE/PAGER _____
ARE YOU ALLERGIC TO ANY MEDICATIONS? ____ IF SO, WHAT? _____

IN CASE OF AN EMERGENCY, NOTIFY:

1ST PERSON _____ PHONE _____
RELATIONSHIP _____ OTHER PHONES _____

2ND PERSON _____ PHONE _____
RELATIONSHIP _____ OTHER PHONES _____

HEALTH INSURANCE POLICY

COMPANY _____
NAME OF INSURED _____
RIDER'S RELATIONSHIP TO INSURED _____
INSURED'S SS NO. _____ RIDER'S SS NO. _____
GROUP NO. _____ CERTIFICATE NO _____

Person having medical power of attorney – (optional)

Name _____ phone _____