



# GUN GAMERS PRODUCTIONS EMERGENCY MEDICAL CARD

FULL NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY CONTACT PHONE # \_\_\_\_\_

PLEASE WRITE ANY NOTES OR RELEVANT PROCEDURES  
ON THE BACK OF THIS CARD AND INFORM LEADERSHIP  
STAFF IF YOU HAVE ANY CONDITION REQUIRING AID!