



2024 Super Hunt Medical Form

Patient's Name _____

Birth Date _____

Address _____

Parent/Guardian Name _____

Telephone Number _____



(To Be Filled Out By Physician)



Dear Physician,

The patient identified above has submitted an application to participate in the 2023 Super Hunt, a three-day deer hunting weekend for disabled youth sponsored by the Southern Outdoors Unlimited. As part of the application process, please provide the following information:

Patient's disability: _____

Patient's Physical Limitations: _____

Medications: _____
(Dose & Time)

Are patient's immunizations up to date? _____

Has patient received a tetanus shot or tetanus booster within the last three years? _____

Any Allergies: _____

Identify any special accommodations necessary to allow the patient to participate in the Super Hunt weekend: _____

Physician Name: _____

Physician Signature: _____

Clinic Name and Address: _____

Telephone Number: _____

A COMPLETED MEDICAL FORM MUST BE SUBMITTED BY OCTOBER 1, 2023. THE COMPLETED FORM CAN BE EMAILED TO info@southernoutdoorsunlimited.org OR MAILED TO Southern Outdoors Unlimited P.O. Box 2305 Ridgeland, MS 39158. HUNTER'S WILL NOT BE ALLOWED TO PARTICIPATE IF A COMPLETED MEDICAL FORM IS NOT RECEIVED BY THE DEADLINE.