Canadian Actors' EQUITY Association

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Reset

VOLUNTARY EMERGENCY MEDICAL INFORMATION

Please fill out and return to stage management. This information is strictly confidential and is only read by medical or para-medical personnel in the case of an emergency and will be kept in a sealed enevelope with the stage manager and will only be opened if an emegencey arises.

You should consider notifying the stage manager directly of any health circumstance that might require immediate reaction - such as epilepsy, onset of an anaphylactic allergic reaction, the location of an epi-pen, etc. If no emergency has arisen, the sealed envelope will be returned to you upon completion of the run of the show.

Please:

- Place the completed form in the envelope provided.
- Write your name on the front of the envelope.
- Write the name and phone number of an emergency contact person in the upper right-hand corner of the envelope.
- Seal the envelope and write your signature across the seal.

This form will be your voice if you are unconscious or unable to respond to questions from a paramedic or doctor.

Name:

Phone number: Date of birth:

In the case of emergency, please notify:

Name:

Phone number: Relationship:

or

Name:

Phone number: Relationship:

Personal physician/medical doctor:

Phone number: Provincial health plan number:

Insurance company (if applicable):

Please list all allergies or drug sensitivities:

Please list any current medical condition or medications:

Please identify any other pertinent medical information (family medical history, past medical condition etc.):

Continue on reverse if necessary

Continued: