

Emergency Medical Cast and Crew

Plan to have a safe and accident-free production, but in the unlikely event that one of us is injured, the information provided here can and will help expedite getting prompt medical attention. Please fill in all the spaces.

Title _____

Production Number _____

Full Name _____

Social Security Number _____

Local Address _____

Parents/Next of Kin to notify in case of Emergency _____

Phone Number _____

Address _____

Physician to notify in case of Emergency _____

Phone Number (24 hour?) _____

Address _____

Blood Type _____

Date of Last Tetanus Shot _____

Any allergies that cause acute reactions? If so, please explain

Important **medical history** an emergency physician should know (diabetes, epilepsy, etc)

Are taking any medication now? If so, please explain.

Name, Address, and Policy Number of any Health/Medical Insurance Plan (If none, write "None.")

Contact Person at Insurance Company _____

Additional comments or information? Please use reverse side if needed
