

MEADVILLE COMMUNITY THEATRE

EMERGENCY MEDICAL FORM

Please provide us information that might help us help you in case you are injured or taken ill while at the Meadville Community Theatre. **ALL EMERGENCY MEDICAL FORMS WILL BE KEPT THROUGHOUT THE RUN OF THE SHOW AND DESTROYED ONCE THE PRODUCTION CLOSSES.**

Name _____ Age _____ (circle one) **Male Female**

Complete Address _____

Home Phone _____ Cell Phone _____

Whom do you wish us to contact in the event of an emergency:

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Medical Insurance (Circle One) **Yes No**

Insurance Carrier _____

Preferred Hospital/ER Facility _____

Current Medications: (This is information Medics ask whenever they attend an emergency)

Known Allergies: (Example: Any foods, molds, paint fumes, hair spray, personal products or other products you might encounter in a theater setting)

Medical Conditions: (Example: I am highly reactive to bee stings so I carry an Epi-Pen with me in the summertime. I keep it in my...)

Information will only be used in the event of an emergency and will be kept in strictest confidence in accordance with HIPPA guidelines.