



Theatre Unlimited Performing Arts
Medical Information Request Form

This information is being requested for the period covering rehearsals, and our two weeks in Meadowvale Theatre. It will be held in confidence by the Stage Manager and destroyed at the end of the show, unless you wish it returned. The purpose is to assist any qualified medical person in case of a medical emergency.

Health Card Number: _____

Name: _____

Address: _____

Phone Number: _____

Emergency Contact Person: _____

Phone Number: _____

Allergies: _____

Medications: _____

Family Doctor: _____

Phone Number: _____

Signature

Date

Parent's Signature (if under 18)