



**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)