

TEMPLATE: Employee Emergency Contact Information

Courtesy of Theatre Ontario's *To Act In Safety* Manual, funded by the Ontario Trillium Foundation

Emergency Contact Information Personal Health Information

It is the practice of most theatres to keep this information in a sealed envelope, which is labelled with the person's name. In case of emergency, the envelope (with this form inside) is given to medical professionals.

Name	Provincial Health Plan Number
Home Phone	
Permanent Home Address	

CONTACT IN CASE OF AN EMERGENCY

Name	Relationship	Telephone
Name	Relationship	Telephone

MEDICAL DOCTOR

Name	Telephone
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FOOD/DRUG ALLERGIES OR MEDICAL CONDITIONS

PLEASE NOTE

Completing this form is voluntary. It will be referred to ONLY in case of a critical injury or emergency situation. In the instance that you are unable to provide medical information to an attending physician or hospital, the theatre would be able to provide it for you with your consent by signing below.

Signature

Date