

**Department of Theatre Arts
Emergency Medical Information Sheet**

This information will be kept confidential, and will only be used in the case of a medical emergency.

General Information:

Name: _____ Pronouns: _____

Phone: _____ Birthday: _____

Email: _____

Address: _____

Emergency Contact Information:

Person to notify: _____ Relationship: _____

Phone(s): _____

Are you currently being treated for any medical condition? If yes, please specify.

Allergies (including foods): _____

Are you currently taking any prescription or non-prescription medications? If yes, please specify. _____

Have you recently received treatment for any major medical problem? If yes, please specify.

Signature

Date