

EMERGENCY MEDICAL INFORMATION SHEET - CAST & CREW

Naturally, we all plan to have a safe and accident-free production, but in the unlikely event that one of us is injured, the information provided here can and will help expedite getting prompt medical attention. Please fill in all the spaces. Please print.

Title:

Full Name _____ SS# _____

Local Address: _____

Phone Number: _____

Parents/Next of Kin - to notify in case of emergency: _____

Phone Number: _____

Address: _____

Physician - to notify in case of emergency: _____

Phone Number (24 Hour?): _____

Address: _____

Blood Type: _____ Date of last tetanus shot: _____

Any **allergies** that can cause acute reactions? If so, please explain:

Any important **medical history** an emergency physician should know (diabetes, epilepsy, hemophilia, etc.)?

~ Odyssey Motion Pictures ~

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Are you taking any **medication** now? If so, please explain:

Name, Address and Policy Number of any Health/Medical Insurance Plan (If none, write "None."):

Person to contact at Insurance Company? _____

Any additional comments or information?

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