

Auckland Music Theatre

Emergency Contact and Medical Information Form

All information that you provide on this form will be held confidentially.

Personal Contact Details

Full Name(s): _____ DOB: _____

Mailing Address: _____ Sex: M / F
_____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____

E-Mail: _____

Emergency Contact Details

Full Name(s): _____

Mailing Address: _____
_____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____

E-Mail: _____

Medical Information

Do you have any medical conditions that we need to be aware of? (eg Asthma, Allergies, disabilities) If so, then please detail:

Do you wear a Medic Alert ? Y / N Condition: _____

Do you take any medication that we need to be aware of? _____

I declare that the above information is correct to the best of my knowledge.

Signed: _____ Date: _____

If you have any concerns about Health and Safety or Emergency Procedures at Auckland Music Theatre please contact the Stage Manager or a member of the Management Team. All information that you provide on this form will be held confidentially.