

RCMPI – The Mikado

Emergency Information Form

Please complete this form and seal it in an envelope with your name on the outside. This information is confidential and will only be opened in case of emergency. The sealed envelope will be returned to you at the end of the show run if not used in case of emergency.

Name of cast/crew member _____

Health Card Number _____

Doctor Name _____ Phone # _____

Emergency Contact Name _____ Phone # _____

Please list any allergies or physical limitations

To be completed and returned to the Stage Manager
no later than Sunday, February 10th