

RCMPI – Pirates of Penzance

# Emergency Information Form

Please complete this form and seal it in an envelope. 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**

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**To be completed and returned to the Stage Manager**  
**no later than Sunday, February 14<sup>th</sup>**