



**MEDICAL & EMERGENCY CONTACT INFORMATION:  
ADULTS**

**Participant Contact Information:**

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Business #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact #1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Business #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact #2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Business #: (\_\_\_\_) \_\_\_\_\_

**Medical Information:**

Alberta Health Care Number (optional): \_\_\_\_\_

Do you have any medical conditions we should be aware of? \_\_\_ Yes \_\_\_ No

If yes, please describe:

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Do you take any medication we should be aware of? \_\_\_ Yes \_\_\_ No

If yes, please describe:

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Do you have any allergies? \_\_\_ Yes \_\_\_ No

If yes, check all that apply:

Food:

Nuts/Peanuts/Tree Nuts

Dairy

Other Food – Please specify:

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Drugs/Medication – Please specify: \_\_\_\_\_

Environmental (hay fever, etc.) – Please specify: \_\_\_\_\_

Latex (balloons, gloves, bandages, etc.)

Animals – Please specify: \_\_\_\_\_

Insects – Please specify: \_\_\_\_\_

Other – Please specify: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

I confirm that the information set out above is accurate to the best of my knowledge, belief, and information.

I understand that it is my responsibility to notify the Swamp Donkey Musical Theatre Society of any changes in the above information as soon as possible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date