



SCHOOL OF FILM/VIDEO

Emergency Medical Cast / Crew

We plan to have a safe and accident-free production. In the unlikely event that somebody is injured, the information provided here can and will help expedite getting prompt medical attention. Please fill in all the spaces to the best of your knowledge.

Creative Work Title: _____

Student Filmmaker Name: _____

Full Name: _____

Local Address: _____

Parents/Next of Kin to notify in case of Emergency: _____

Phone: _____

Address: _____

Physician to notify in case of Emergency: _____

Phone Number: _____

Blood Type: _____

Date of Last Tetanus Shot: _____

Any allergies that cause acute reactions? (if so, please explain): _____

Important medical history an emergency physician should know? (diabetes, epilepsy etc): _____

Taking any medication now? (If so, please explain): _____

Name and Policy Number of Medical Insurance Plan (if none, write "None"): _____

Additional comments or information? (Please use back side if needed): _____
