



# Detailed Emergency Info

*A welcoming theatre community with a passion for creating vibrant, engaging entertainment*

## Procedure

You will fill out this document with as much detail as you are willing to. Then return it to your Stage Manager. She will transfer some information to a *Summary Emergency Form*, specifically: Primary and secondary contacts and phone numbers, and allergies. The SM will then fold and staple this document closed and keep it throughout the run. In the event of a major emergency this may be opened. Otherwise, this document will be returned unopened at the end of the production.

Your primary contact, in the *Summary Emergency form* will be used in the case of a minor injury or incident. This document will only be opened in the event of a major injury, especially in cases where you are unable to give instructions yourself.

If this is being filled out for ongoing volunteers (carpentry shop, lighting, costume loft), these documents will be kept on-site. Talk to the Head Scenic Carpenter, Technical Director, or Costume Loft manager about updating your contact sheet or having it returned. A *Summary Emergency Form* will be accessible by the person in charge.

## Insurance

The insurance at Langham Court Theatre is limited and only the most severe injuries are covered for volunteers. This document does not improve your coverage, nor does it release Langham from responsibility. Filling it out helps us respond properly in an emergency. If you are ever asked to do something you feel is unsafe, stop. If you see someone else doing something unsafe, speak up.

## Allergies

If you have known allergies, please record all of them. If you have an epi-pen, please let the SM, Producer, and director know. They may ask you when and how to use it.

## Fill in the reverse with as much information as you feel comfortable.

The more information you are willing to supply the better we can respond. If information is missing, the person in charge may use her judgement. Please recognize that this document is simply stapled shut and therefore has limited security.

Please write clearly and simply. You may also request this document digitally from your SM.

Your FULL name	
BC health number	
Date of Birth	
Cell phone password? (Optional)	

Primary Emergency Contact		
	Relationship	
	Phone number	
	Email	
Secondary Emergency Contact		
	Relationship	
	Phone number	
	Email	
Doctor Name		
	Phone number	
Pharmacist		
	Phone number	

Preferred local hospital (circle)	Jubilee	Victoria General	Saanich Peninsula
Allergies			
Are you currently taking medication? If so, what?			
Personal or Religious restrictions			

**Other Instructions:**