

**Todmorden Amateur Operatic and Dramatic Society (CIO)**

**Emergency Contact and Medical Information Form for Adult and Senior Members**

**Please Note**
Completion of this form is **entirely voluntary**. No copy of this form will be made. You may request its return at any time.

To enable TAODS to contact someone in the event of an accident or other emergency, please complete the following.

If you have any allergies or health conditions the society should be aware of, please add them here. With your permission, these may be shared with the relevant production team or Head of Department.

In the event of an accident or medical emergency we would also need your permission to share your health information with the relevant emergency service personnel or medical professionals.

|  |  |
| --- | --- |
| Name | Date of Birth |
| Address |
|  | Post Code |  |
| Health Conditions | Medication |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Allergies | Medication |
|  |  |
|  |  |
|  |  |
| I give permission for this information to be shared with the relevant members of TAODS  | Yes/No |
| I give permission for my medical details to be passed to a member of the emergency services or a medical professional if circumstance arises. | Yes/No |
| I wish for the society to hold an emergency contact number for my next of kin in case of emergency.Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes/No |
| I give permission for my next of kin to be informed of a medical or other emergency concerning myself. | Yes/No |

Signed ………………………………………………………… Date ……………………………………………………………

**\*Please Note we hold this information in our membership health file which is stored in a locked cupboard in the Hippodrome. Should your circumstances change, it is your responsibility to notify the society and complete a new consent form.**