

# Medical Information for Cast and Crew

## Guide for Filmmakers

The *Medical Information for Cast and Crew* form should be used when you engage volunteer or contract cast or crew to work on your production.

This document contains:

- ▶ General information about using the form
- ☐ The *Medical Information for Cast and Crew* form

### ▶ General Information about the Medical Information form

#### WHY

The filmmaker must keep everyone safe on set.

You must always have a nurse, paramedic or a person trained in first aid on set.

The Medical Information form:

- ▶ gives you permission to act in case an accident or medical emergency happens
- ▶ helps you to understand any activities that a cast or crew member must not do (such as heavy lifting)
- ▶ tells you who to call if the cast or crew member is unwell
- ▶ helps you to provide food and drink that your cast and crew can safely enjoy.

#### WHO

Every person who is on set must complete a medical info form – including the filmmaker!

If the cast or crew member is under 18 years of age, the form must be signed by their legal guardian.

#### WHEN

Ask the cast or crew member to fill the form in when you discuss the cast or crew agreement.

#### HOW

You can offer to help the cast or crew member to complete the medical information form if they would like help.

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# Medical Information for Cast and Crew

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## 1. Your Details

Name .....

Address .....

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Phone number .....

Email .....

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## 2. Emergency Contact

Name .....

Address .....

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Phone number .....

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## 3. Your Doctor's Details

Name .....

Clinic.....

Address .....

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Phone number .....

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## 4. Dietary Requirements

Do you have any special dietary requirements? (e.g. vegetarian, vegan, no dairy, no gluten)

▶ Yes

▶ No

Details.....

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**5. Allergies**

Do you have any allergies to food or medicine? (e.g. penicillin, nuts)

- ▶ Yes
- ▶ No

Details.....

**6. Physical Conditions**

Do you have any physical disabilities or pre-existing medical conditions? (e.g. diabetes, asthma, back problems, epilepsy, heart problems, pregnancy)

- ▶ Yes
- ▶ No

Details.....

**7. Medications**

Do you take regular medication?

- ▶ Yes
- ▶ No

Details.....

**8. Tetanus Vaccination**

Have you had a tetanus injection in the previous 5 years?

- ▶ Yes
- ▶ No

**9. Consent to Emergency Medical Treatment**

I consent to receiving medical treatment if required.

I consent to the filmmaker seeking, or where appropriate, administering, any emergency medical treatment as is reasonably necessary.

**10. Signature**

▶ **Date** ...../...../20.....

11. Production Title

12. Name of Filmmaker

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