

# Member Emergency Contact Form



**Paisley**  
Philharmonic Choir



(Please complete in block capitals)

Name:	
Address:	
Postcode:	
Home Phone:	
Mobile No:	
Email Address:	
Choir Section: (Soprano, Alto, Tenor, Bass)	

### Voluntary Disclosure of Medical Information

In this section, you have the option to voluntarily share any pertinent medical information that could be crucial in an emergency situation. This may include allergies, existing medical conditions, medication requirements, or any other health-related details you believe we should be aware of. We encourage completion of this section, as not having the information may prevent us and medical services from giving the best care following an incident.

Allergies: \_\_\_\_\_

Other Medical Alerts: \_\_\_\_\_

Indicate with a tick who we may share this information with in an emergency:

➤ Emergency Services:       Yes \_\_\_\_\_       No \_\_\_\_\_

➤ Your emergency contact(s):       Yes \_\_\_\_\_       No \_\_\_\_\_  
(please indicate who)

➤ Your relatives:       Yes \_\_\_\_\_       No \_\_\_\_\_  
(please indicate who)

(Please fill in details of emergency contacts overleaf)

## Emergency Contacts

**Primary Contact:**

Name:

Relationship:  
(Family, friend, neighbour,  
work colleague etc)Phone:  
(Indicate home/work etc)

Mobile:

Email:

Address:

**Secondary Contact:**

Name:

Relationship:  
(Family, friend, neighbour,  
work colleague etc)Phone:  
(Indicate home/work etc)

Mobile:

Email:

Address:

Choir members have the right to decide for themselves how much of this information they want to share. There is space for a second emergency contact if you prefer, but at least one is required. This data will be treated in the strictest confidence and only shared in line with what you have permitted, and with the individuals and emergency services you have given permission for, except in circumstances where there is danger to life. We cannot accept responsibility where lack of information might affect the outcome of an incident. So, we advise that you complete this form as fully as you can. This form is part of our effort to ensure that we are putting the processes together to fulfil our commitment to adhering to Health & Safety Guidelines, Legislation, and Civil Law, in order to benefit our members and other participants in our events.

I, the undersigned, do hereby confirm that I consent to the use of the above data, in the situations described, including the contact details I have provided. I understand that a register will be made, both in paper and electronic form and that this would be made available at rehearsals and concerts in case of any incident. I also understand that I can ask for a copy of my data, check that it is up to date, and request that it be amended/deleted/destroyed if I choose.

Signature: \_\_\_\_\_ Date \_\_\_\_\_