Resources For Youth Theatres

Sample: Accident/Incident Report Form

Details of Accident/Incident

Date occurred: Time occurred:

What happened?

Location:

Workshop Space ❑ Rehearsal Space ❑ Performance Venue ❑ Public space ❑ Other

Were there any witnesses?

Name: _____ Tel: _____

Name: _____ Tel: _____

To whom was the incident/accident reported?

Parent/Guardian ❑ Local GP ❑ Designated Welfare Person ❑ Other_____

Name:_____ Surname_____

Address:_____

Home tel:_____ Mobile :_____

Name:_____ Surname_____

Address:_____

Home tel:_____ Mobile :_____

To whom did the accident occur? Who did the Incident affect?

Youth Theatre Member ❑ In-House leader ❑ Outside Professional ❑ Member of the Public ❑

Name: _____ Surname: _____

Home Address_____

Home Tel: _____Mobile: _____

Date of Birth: _____ Age: _____ Male ❑ Female ❑

Did they agree to the suggested course of action? Yes ❑ No ❑

Did the incident/accident cause illness/injury? Yes ❑ No ❑

Apparent Nature of Injury

❑Abrasion ❑Concussion ❑Puncture
❑Amputation ❑Cut ❑Scald
❑Asphyxiation ❑Dislocation ❑Scratch
❑Bite ❑Fracture ❑Shock
❑Bruise ❑Laceration ❑Sprain
❑ Burn ❑Poisoning ❑ Other

Explain Other:

Part of Body Injured

❑Abdomen ❑Eye L/R ❑ Hand L/R
❑Ankle L/R ❑Elbow L/R ❑Knee L/R
❑Arm L/R ❑Face ❑Leg L/R
❑Back ❑Foot L/R ❑Mouth
❑Chest ❑Finger ❑ Neck
❑Ear L/R ❑Head ❑ Other

Explain Other:

Describe the nature of the injury (cut, third finger, left hand. etc.)

Treatment Details

None ❑ First Aid ❑ Local GP/Clinic ❑ Accident and Emergency Department ❑

In the case of First Aid:

Who administered First Aid:_____ Contact Number_____

What First Aid was administered:_____

Did the accident occur during a workshop/rehearsal activity? Yes❑ No❑

Explain

Did the accident involve any props, sets or technical equipment? Yes❑ No❑

Specify and explain

Was a leader or responsible adult present at accident? Yes❑ No❑

If no, explain

_____

_____

Details of Person completing this Form

Name: _____ Role or relation to injured/ill party:_____

Tel: _____ Email: _____

Home Address: _____

Signature: _____ Today's Date: _____