



# Sample: Accident/Incident Report Form

<b>Details of Accident/Incident</b>	
Date occurred:	Time occurred:
What happened?	
Location:	
Workshop Space <input type="checkbox"/> Rehearsal Space <input type="checkbox"/> Performance Venue <input type="checkbox"/> Public space <input type="checkbox"/> Other	

<b>Were there any witnesses?</b>	
Name: _____	Tel: _____
Name: _____	Tel: _____

<b>To whom was the incident/accident reported?</b>	
Parent/Guardian <input type="checkbox"/> Local GP <input type="checkbox"/> Designated Welfare Person <input type="checkbox"/> Other _____	
Name: _____ Surname _____	
Address: _____	
Home tel: _____ Mobile : _____	
Name: _____ Surname _____	
Address: _____	
Home tel: _____ Mobile : _____	

<b>To whom did the accident occur? Who did the Incident affect?</b>	
Youth Theatre Member <input type="checkbox"/> In-House leader <input type="checkbox"/> Outside Professional <input type="checkbox"/> Member of the Public <input type="checkbox"/>	
Name: _____ Surname: _____	
Home Address _____	
Home Tel: _____ Mobile: _____	
Date of Birth: _____ Age: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	

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

**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:

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

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**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: \_\_\_\_\_

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Did the accident occur during a workshop/rehearsal activity?

Yes  No

Explain

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

Specify and explain

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Was a leader or responsible adult present at accident?

Yes  No

If no, explain

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**Details of Person completing this Form**

Name: \_\_\_\_\_ Role or relation to injured/ill party: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_