

IUSB Theatre and Dance Injury Report Form

Name of Injured Party: _____ University ID: _____

Name of person filling out report: _____

Date: _____ Time: _____ Location: _____

Class or Production: _____

Faculty Supervisor: _____ Stage Manager: _____

Witnesses: _____

Briefly Describe injury: _____

Action Taken: _____

On additional pages create a detailed account of the accident.

This form and the extended account of the accident must be sent immediately with the Department Chair, Production Coordinator, and Stage Management Mentor. The Stage Management Mentor will file the report with the fine arts office.