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.