

**Borders Youth Theatre
Accident/Incident Report**



Event

Location

Date

This form is to be completed by the BYT person responsible for the event or their representative and not by the person suffering the loss or injury.

Injured person details

Surname

Forenames

Address

incl Post code

Telephone number

Date of birth

Date and time of accident/incident

Date and time reported

Person reported to

Details of injury (specify left or right side), and/or loss or damage and action taken

Assisted by BYT representative (please give name)

First-aid administered (please give name)

Please tick relevant boxes

Ambulance called Yes No

Taken to hospital Yes No

Taken home Yes No

Circumstances of accident and location

Name and address of witnesses

Action taken/recommended as a result of this accident/incident

Person completing this form:

Name

Address

Post code

Telephone number

Signature

Date