

Patron Injury/Illness Report

PATRON'S CONTACT INFORMATION

Name	Home Phone
Permanent Home Address	

DETAILS OF INJURY/ILLNESS

Theatre	Show/Event
Exact location of Injury/Illness	
Date and Hour of Injury/Illness (day/month/year/time)	Date and Hour reported (day/month/year/time)
Who was the Injury/Illness reported to? (Name)	
What happened? If there was an injury, indicate the part of the body involved and specify left or right side. Please note any comments made by the injured person or witness.	
Contributing factors (for example, clothing, weather conditions, patron's age/health, etc.)	
Is there anyone else who may have witnessed or who may know about the injury? If so, provide details below. Name(s) Address(es) and phone number(s) if available.	

Patron Injury/Illness Report *continued*

ACTION TAKEN

First Aid treatment or advice.	
First Aid provided by:	
Assistance by doctor or other patron? †Yes †No Name, if known:	Patron went to hospital on his/her own? †Yes †No
Ambulance requested by Patron? †Yes †No	Ambulance suggested by First Aider? †Yes †No
Ambulance called? †Yes †No Time called: Time arrived:	Ambulance refused by Patron? †Yes †No If Yes, complete the Ambulance Refusal Form .
Apparent condition of Patron upon leaving First Aid care/theatre?	Patron kept under surveillance during performance: †Yes †No Provide details.

INJURY/ILLNESS INVESTIGATION

What actions contributed to the injury/illness?
Follow-up with Patron? †Yes †No If yes, explain.
Describe actions to prevent recurrence (actions taken and actions planned but not yet carried out).

Signature of Theatre Representative

Date of Report

Ambulance Refusal Form

I, _____ understand that an ambulance with trained medical personnel has been suggested for me as a result of my _____, as a precautionary measure.

I have refused the suggested ambulance and release the theatre from any further liability as a result of my refusal to seek medical attention.

Signature of Supervisor/Manager

Patron Signature

Witness Signature (over 18 years of age)

Date

To be signed in the event the Patron refuses to sign the disclaimer.

The Patron listed above has refused to sign the above statement and has also refused our suggestion regarding calling an ambulance. This refusal has been witnessed by the following three individuals:

Signature of Supervisor/Manager

Second Witness Signature (over 18 years of age)

Third Witness Signature (over 18 years of age)

Date