

# Patron Injury/Illness Report

Ed Mirvish Enterprises Limited

Venue Name and Address:

## Patron Information

Name:

Address:

Phone Number:

Order Number:

Name and Phone Number of Parent/Teacher/Guardian (if applicable):

## Details of Injury/Illness

Event patron was attending at time of injury/illness:

Exact location injury/illness occurred (attach photos if applicable):

Date and hour of injury/illness:

Date and hour reported:

Who was the incident reported to (name and job title):

What happened? If there was an injury, indicate the part(s) of the body involved and specify left or right side. Please note any comments made by the injured party or witness(es):

Contributing factors (for example: clothing, weather conditions, patron's age/health conditions, etc):

Is there anyone else who may have witnessed or who may know about the injury? If so, provide details (names, addresses, phone numbers, etc):

Action Taken

First Aid treatment or advice:

First Aid provided by:

Assistance provided by doctor or other patron?

Patron went to hospital on their own?

Ambulance requested by patron?

Ambulance suggested by first aider?

Ambulance called:                      Yes                       No

Time arrived:

Ambulance number:

Ambulance refused by patron:      Yes                       No

If Yes, complete the Emergency Care Refusal Form

Patron kept under surveillance during performance?

Apparent condition of patron upon leaving First Aid care / the theatre:

Injury/Illness Investigation

What actions contributed to the injury/illness?

Follow up with patron?

Managers on duty at time of incident:

Usher Captain:

Report filled out by:

Date of report: