UR International Theatre Program

PERFORMANCE INJURY REPORT

(Do not remove from handbook. Use for photocopying, if needed.)

Every injury to a crew member, patron or actor that results in a performance cancellation *or* intervention by MERT must be documented on the following form.

Please submit the form to Nigel Maister not later than 24 hours after the injury.

NAME OF INJURED	Tel. Number:
DATE OF INJURY	PRODUCTION
DESCRIPTION/NATURE OF INJURY	
How did the injury occur?	
INJURED PARTY WAS (circle the appropriate	2): A STUDENT STAFF MEMBER GUEST/VISITING ARTIST/PATRON
IF A STUDENT, WAS S/HE AN (circle the appro	opriate): ACTOR CREW MEMBER AUDIENCE MEMBER
WHAT STEPS WERE TAKEN AFTER THE INJURY	Y OCCURRED (provide names, if possible)?
Additional Comments by Stage Manager:	:
SIGNED/DATE (FRONT-OF-HOUSE MANAGER)	SIGNED/DATE (STAGE MANAGER)