I-PATH
International Performing Arts & Theatre

FIRST AID INCIDENT FORM

This form must be completed for all incidents requiring first aid, medical assistance, or emergency intervention. Completed forms must be submitted to Head Office without delay.

Section 1 - General Information

Date of Incident (DD / MM / YYYY)	
Time of Incident	
Location of Incident (venue, room, studio, online)	
Type of Activity Taking Place	☐ Examination ☐ Rehearsal / Class ☐ Training / Meeting ☐ Event ☐ Other (please specify)

Section 2 - Injured / Unwell Person Details

Full Name	
Role	☐ Learner ☐ Examiner ☐ Teacher ☐ Staff Member ☐ Visitor ☐ Other:
Date of Birth (if applicable)	
Age (if under 18)	

Section 3 - Nature of Incident

Type of Incident (tick all that apply):

☐ Fall / Trip
☐ Collision
☐ Muscle strain / injury
☐ Dizziness / fainting
☐ Breathing difficulty
☐ Allergic reaction
☐ Bleeding / wound
☐ Illness
☐ Other (please specify):

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Section 4 - Description of Incident

Please provide a clear and factual description of what happened.

Section 5 - First Aid Given

Was first aid administered?

☐ Yes ☐ No

If yes, please complete below:

Name of Person Administering First Aid:

Role:

☐ Examiner
☐ Teacher
☐ Staff Member
☐ Qualified First Aider
☐ Other:

Description of First Aid Given

Was medical advice or emergency services required?

☐ No
☐ Yes - NHS 111
☐ Yes - GP
☐ Yes - Ambulance / Emergency Services

Section 6 - Outcome

Outcome of Incident (tick all that apply):

☐ Continued activity
☐ Activity paused
☐ Examination stopped
☐ Sent home
☐ Taken to hospital
☐ Parent / Carer informed
☐ Other:

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If parent/carer informed, by whom and when

Section 7 - Safeguarding Considerations

Does this incident raise any safeguarding concerns?

☐ No

☐ Yes (details below and escalate immediately)

Section 8 - Witnesses (if applicable)

Name(s) of Witness(es):	

Section 9 - Follow-Up Actions

Are any follow-up actions required?

☐ No

☐ Yes (please specify)

Section 10 - Reporting Person Declaration

I confirm that the information recorded in this form is accurate and factual to the best of my knowledge.

Name	
Role	
Signature	
Date	

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Section 11 - I-PATH Head Office Use Only

Form Received:

Logged on Incident Register:
☐ Yes ☐ No

Further Action Required:
☐ No
☐ Yes (details below)

Safeguarding Referral Required:
☐ No
☐ Yes

Reviewed by:

Date Closed:

Important Notes

- This form must be completed as soon as possible following the incident.
- Serious incidents must be reported to Head Office immediately.
- Personal data is handled in line with the Data Protection Policy.
- Where incidents affect examination delivery or learner safety, matters may be escalated under the Health & Safety, Safeguarding, or Malpractice & Maladministration policies.

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