

Company/Studio Logo

This form should be used if a student suffers an injury or symptoms of a serious illness during a yoga class. It should be completed as soon as possible after the event.

PART 1 About the person who was involved in the incident

Name

Address

Telephone number (s)

PART 2 About the person filling in the form, if different from above

Name

Address

Telephone Number (s)

Signature

.....

PART 3 About any person who actually witnessed this incident

Name

Address

Telephone number (s)

Signature

.....

Please turn over and complete other side

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PART 4 About the incident or accident

When it happened (date and time) and when did teacher become aware of injury

Where it happened (location of class)

How the incident or accident happened - *give as much detail as you can and include*

1. *The cause if known*
2. *The nature of the personal injury*
3. *If any treatment was given by a qualified First Aider*
4. *Whether the person was taken to hospital, if so state hospital and whether admitted*

If you have any further concerns or questions please contact:

Your name/company

Contact information