



**IDTS**  
International Dance  
Teaching Standards

Teacher Conducting Assessment: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Full name of Participant: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Participant contact phone: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Full Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Events leading up to time of injury/nature of injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

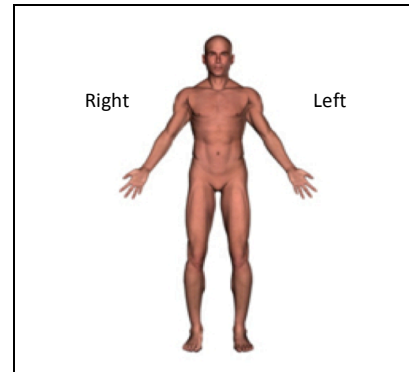
Description of Injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Injured Person (Check which apply)

- Visible swelling
- Visible bruising
- Bleeding/skin puncture
- Reports head/neck/back pain
- Reports excruciating pain
- Reports nausea/vomiting
- Needs professional assistance to leave facility

**Location of Injury**



Treatment Given at Time of Injury (Check which apply)

- Ice
- Heat
- Bandages/gauze/band aid, etc
- Sling, cast, splint
- Rest

Status

Ambulance Phoned:     Yes     No            Advised to See a Doctor:     Yes     No

Name of Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

*Parent Guardian Signature (if participant is under the age of 18):*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**File Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_