



INCIDENT REPORT FORM

Location _____

Type of Incident: _____

Injury _____ Other (compliant, concern, injury of any type, which might need documentation.) _____

Date of incident _____ Any Witnesses? Yes _____ No _____

Name _____ Name _____

Address _____ Address _____

City/St/Zip _____ City/St/Zip _____

Phone _____ Phone _____

Please explain the situation/incident which took place (for an injury, also complete bottom portion of form).

Resolution: _____

If injury, complete this section:

Date of Injury _____ How much time elapsed between injury and first aid? _____

What was the nature of the injury? _____

Name of person who provided first aid _____

Type of first aid administered _____

Disposition:

Continued activity _____ Sent to unit _____ Health Center _____ Hospital _____ Sent home _____

If hospital, how was injured party transported? Volunteer vehicle _____ Ambulance _____

Parent(s)/Emergency Contact: was/were notified _____ was/were not notified _____

If notified, date and time of contact _____

If not notified, why not? _____

If there was equipment involved in the injury, what equipment and what condition was it in? _____

Additional information? _____

Report submitted by _____

Date _____ Telephone number _____