INCIDENT REPORTING FORM

Incident Date ___/___/_____ **Time** ___ : ___ am pm

Location _____ **Injured Person** _____

Address _____ **Phone** _____

Parent / Guardian _____ **Address** _____ **Phone** _____

Incident Description

_____

_____

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Specific Action			
□ aggressive behavior of / by □ caught in, by, or between □ contact with / exposure to	□ exertion □ fall (from, onto, into) □ handle / use / touch □ horseplay	□ inappropriate touch □ inhale / ingest □ participation / playing □ pushed / pulled / bumped	□ struck by / against □ verbal attack / taunt / teasing □ theft □ other _____

Was parent / guardian / emergency contact notified? Yes / No If so, when? (*date & time*) _____

Who was called and what was the outcome? _____

With whom did the injured party leave the site? _____

Apparent Injury			
□ abrasion / scratch □ aquatic distress □ bite / sting □ bloody / hemorrhage □ breathe shortened / impaired	□ bruise / contusion □ burn / blister □ cramp □ cut / puncture □ dislocation □ dizziness / unconscious	□ fear / intimidation □ fracture / break □ irritation / reaction □ jam □ pain / soreness □ pinch / crush	□ seizure / dysfunction □ sprain / strain □ vomiting □ no visible / apparent injury □ other _____

Body Part		*Circle if applicable* ➔	(right)	(left)	(upper)	(lower)
□ arm □ hand / finger □ wrist □ elbow	□ leg □ foot / toe □ ankle □ knee	□ shoulder □ chest □ stomach □ side	□ back □ buttocks □ hip □ groin	□ face □ ear □ eye □ nose	□ head □ neck □ heart □ lungs	□ mouth / lips □ mind / psyche □ none □ _____

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Were authorities Contacted? Yes / No If so, who? (*circle all applicable*) Police | Fire | Rescue

Who called authorities? _____

Was First Aid Administered by Staff? Yes / No

By whom? _____

Type of aid rendered? _____

Did the injured party refuse treatment? Yes / No

Was there any blood borne unprotected exposure? Yes / No

Witnesses (*check box to indicate staff* [s], *participant* [p], *or volunteer* [v]; *indicate age for youthful witnesses*)

s p v	Name*	Age	Phone*	Address	City	State	Zip
□ □ □							
□ □ □							
□ □ □							

Follow-Up Was there follow-up contact? □ Yes □ No If yes, date and by whom? _____ by _____

If yes, detail status. _____

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_____

Comments

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Staff Name _____ Position _____ Date _____

Staff Signature _____ Exec Signature _____ Date _____