

Visitor ☐Student ☐

Accident/Incident Report

Date of Report: _____

Date of Incident: _____ **Time of Incident:** _____ a.m. p.m.

Location of Incident _____ Supervisor: _____

Staff Member: _____ Witness/Additional Staff: _____

Location _____

Name _____ Age: _____ Gender: _____

Address _____ Town/City: _____ State: _____ Zip: _____

Telephone Primary: _____ Secondary _____ Emergency: _____

Contacted (Name & Telephone) _____

Time of Contact: _____ a.m. p.m. Result: _____ Spoke with Contact _____ Left Voicemail _____ Unable to Contact _____

Incident Data – For Injury Related Incident (attach additional pages if necessary initials: ____)

Location of Incident: _____

Description of Incident: _____

Was an injury sustained? Yes No Was care provided by staff? Yes No

If yes, describe the type of injury sustained: _____

Care Provided – If injury sustained (attach additional pages if necessary initials: ____)

Did the victim refuse medical attention? Yes No Was care provided by staff? Yes No

Name of person that provided care? _____

Describe in detail care given _____

Was EMS called? Yes No If yes, by whom? _____

Time of EMS Call: _____ a.m. p.m. Was the victim transported to an emergency facility? Yes No

If yes, where? _____ If no, did the person return to the activity? Yes No

Report prepared by: _____ Position: _____

Reviewed by: _____

Copy to Administration: ☐