

INCIDENT REPORT

This form is to be completed by an adult witness whenever an incident requiring secondary medical attention occurs (e.g. injury leading to a person going to a medical centre).

The completed form should be given to the parents/guardians of the child or young person or to the person concerned, and a copy needs to be held for future reference (*securely*).

GENERAL INFORMATION

Name of activity: _____ Date of incident: _____

Adult supervisor: _____ Position: _____

Name of injured person: _____ Birth date: _____

Names of parents/guardians (*if applicable*): _____

Address: _____

Phone: _____

DESCRIPTION OF INCIDENT

1. Describe the incident (use the back of page if necessary): _____

2. Where in the facility did it happen? _____

3. What area of the person's body was injured? _____

4. What was the person doing when the incident happened? _____

5. How did the incident happen? _____

6. Name(s) of any other witnesses to the incident: _____

7. How did the person respond after the incident? _____

9. Was first aid given or some other action taken? Yes No

If yes, by whom? _____

Person reporting incident: _____

Signature: _____ Date: _____