



INCIDENT REPORT

Child Name: _____ Volunteer Name: _____

Telephone: _____ Telephone: _____

WHEN? Date of injury _____ Time _____

WHERE? _____

INJURY SITE _____

TYPE OF INJURY _____

DESCRIPTION OF INJURY: How did injury happen? Describe what you and others observed. What was the child doing? Where was the child? Please give a complete description of facts: _____

WHO TOOK ACTION?

FIRST AID TREATMENT BY:

Name _____ Title _____

Parent/Guardian notified: Name _____ Yes No

Notified by _____ Time _____ How _____

Signature of person filling out report: _____

Date _____