

## INCIDENT REPORT

Child Information:

Volunteer Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_  
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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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### WHO TOOK ACTION?

FIRST AID TREATMENT BY:

Name \_\_\_\_\_ Title \_\_\_\_\_

Parent/Guardian notified: Name \_\_\_\_\_ Yes\_\_\_ No \_\_\_

Time \_\_\_\_\_ How \_\_\_\_\_

Notified by \_\_\_\_\_

Signature of person filling out report: \_\_\_\_\_

Date \_\_\_\_\_