



INCIDENT REPORT

Check One: <input type="checkbox"/> Recreational <input type="checkbox"/> After School <input type="checkbox"/> Team <input type="checkbox"/> Other: _____ <input type="checkbox"/> Camp		<input type="checkbox"/> Peer Conflict <input type="checkbox"/> Accident <input type="checkbox"/> Illness		
Date of Occurrence:		Time of Occurrence:		
Individuals Name:		Individuals DOB:		
Parent's Phone: (If -18 y/o)		Staff present:		
Place Event occurred:				
Description of Event (use back as needed):				
Description of Treatment/Response/Intervention (use back as needed):				
<input type="checkbox"/> Occurrence <i>no injury or illness found</i>		<input type="checkbox"/> parent notified <i>i.e. phone</i> <i>fill out below upon parents request</i>	<input type="checkbox"/> parent conference <i>below is mandatory</i>	<input type="checkbox"/> Individual +18 y//o
Name of Parent/Guardian Notified:				
Parent's/Guardian's Comments:				
Parent/Guardian's Signature:				
Time EMS Called (if necessary):		Name of Hospital/Physician:		
Details of Emergency Medical Services Required/Physician Notification:				
Signature of Employee:			Date:	
Signature of Director/Supervising Staff:			Date:	