



# INJURY/INCIDENT REPORT

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were there any injuries? Y  N  If Yes complete section 2 through 4, if no proceed to section 4

## SECTION 2

Name of injured: \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
Last First MI

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Number Street City/State ZIP

Name of Parent/Guardian: \_\_\_\_\_ Date/Time of Incident \_\_\_\_\_  
Last First mm/dd/yyyy hh/mm am/pm

Parent/Guardian: \_\_\_\_\_  
Number Street City/State ZIP

Facility and specific location within facility that incident occurred: \_\_\_\_\_

\_\_\_\_\_

## SECTION 3

State which part of the body is injured and what the injury is \_\_\_\_\_

\_\_\_\_\_

Treatment given: Cleaned  Applied Compress  Bandaged  Controlled Bleeding  Splinted  Treated for Shock

Gave resuscitation  Called 911  Other \_\_\_\_\_

Treatment administered by: \_\_\_\_\_ Remained in area  Released to Parent  Other \_\_\_\_\_

Name of person released to: \_\_\_\_\_ Signature \_\_\_\_\_

Notifications: Police  911  Paramedics  Parent /Guardian \_\_\_\_\_  
Name

## SECTION 4 WITNESSES

\_\_\_\_\_  
Name (First, Last, MI)

\_\_\_\_\_  
Address (Street, City/State, Zip)

\_\_\_\_\_  
Name (First, Last, MI)

\_\_\_\_\_  
Address (Street, City/State, Zip)

\_\_\_\_\_  
Name (First, Last, MI)

\_\_\_\_\_  
Address (Street, City/State, Zip)

Report prepared by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Print First and Last Name legibly