



Student Activities Accident/Incident Report

Date of Report: ___/___/___ Date of Incident: ___/___/___ Time of Incident: _____ AM PM

Place where incident occurred _____

Information on Person Assisted *(Complete a separate form for incidents involving more than one person)*

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Age: _____ Male Female Phone Number: _____

Family Contact Person: _____ Phone: _____

Incident Data

Location of incident: _____

Did an injury occur? Yes No If yes, describe the type of injury: _____

What was person doing at the time: _____

Provide description of incident/accident: _____

Care Provided

Did victim refuse medical attention by staff? Yes No Did facility provide care? Yes No

Describe in detail the care provided: _____

Were emergency medical services (EMS) personnel called? Yes No

Was the victim transported to an emergency facility? Yes No

If yes, where? _____ If no, person returned to activity? Yes No

If the victim is a minor, were the minor's parents contacted *(if not present)*? Yes No

Witnesses

First Name: _____ Last Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Report Prepared By:

Name: _____ Position: _____

Signature: _____ Date: _____