INJURY/INCIDENT REPORT

Agency Name: _____ Location of incident: _____
Parking lot, Gym, Cafeteria, Playground, etc.

Event/Activity:_____ School Activity: ☐ Facility Rental Event: ☐

Date of Injury: _____ Time of Injury:_____ ☐ AM ☐ PM

Injured Person: _____ Address:_____

Phone # _____ City _____ State _____

Email: _____ Zip code _____

Is the injured person a minor? ☐ Yes ☐ No

If yes, name of legal guardian:_____ Phone # _____

Medical Information:

First Aid Administered: ☐ Yes ☐ No Medical Treatment Needed: ☐ Yes ☐ No

Fire / Medical Response: ☐ Yes ☐ No Police Response: ☐ Yes ☐ No

Case # _____ Case # _____

Witnesses:

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

What Happened? (Describe the incident in detail)