APPENDIX 13 - INCIDENT REPORT

The incident report should be completed as soon as possible after the incident occurs and should include as detailed a description of the situation as possible.

Participant Name _____ Phone Number _____

Address _____

Parish name: _____

Nature of Injury/Incident

_____

_____

Incident Date _____ Incident Time_____

Incident Location _____ Event Title _____

Ministry Personnel Present _____

Others present _____

What happened?

_____

_____

_____

_____

_____

_____

What action was taken?

_____

_____

_____

_____

_____

_____

Was any outside help called in? (Emergency Medical Services (911), caretaker, police, fire, etc.)
Yes ☐ No ☐

If yes, describe who was called and what they did.

_____

_____

_____

If taken to a health care professional/ facility, when? (Date/time)

_____

_____

Name of person accompanying participant to health care professional/facility
(Print name): _____

Signature: _____ Position: _____

Did health care professional/ facility contact parent/guardian? Yes ☐ or No ☐

Was medication prescribed? Yes ☐ or No ☐

Activity limitations prescribed: _____

_____

_____

Follow-up prescribed: _____

_____

_____

Contacted Parents ❑ Yes ❑ No Parent's Name: _____

Parents' Response:

_____

_____

_____

_____

_____

_____

Ministry Personnel Name _____Signature _____

Witness Name _____ Signature _____