

Accident/Incident Report

Please fill out this form completely for any safety-related incident occurring while serving as a volunteer, whether or not the accident/incident resulted in injury. Complete the form as soon as possible. In completing the form, provide as much detail as possible—including the time of occurrence, location, general physical conditions present, witnesses, and any other relevant information. Use the bottom and back of this form to add detail, draw diagrams, etc...

The report is to be signed by the room coordinator or team leader. The coordinator and/or team leader is to alert the parent of a minor in the case of an accident/incident and turn the report to the Front Office Manager.

Volunteer: _____ Position: _____

Child Involved (if applicable): _____

Date & Time: _____ Location: _____

Witnesses Present: _____

Description Of Incident: _____

Injury Caused By Incident (include potential injury, such as a sprained ankle, etc...):

First Aid Treatment:

First Aid Performed By: _____

Guardian Contacted? Yes / No When: _____

Who did the child leave with: _____

Report Completed By: _____ Date: _____

Report Reviewed By: _____ Date: _____