

# Incident-Emergency Report

Name of Injured or Person(s) involved \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_ M \_\_\_\_ F

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Staff Person Responding to Incident \_\_\_\_\_ Time notified \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Nature of Incident: (Circle) Sprain Bruise Abrasion Cut Nosebleed Sting

Animal Bite\* Puncture Other(specify) \_\_\_\_\_

Body Part Injured or Illness \_\_\_\_\_

Description of Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness \_\_\_\_\_

First Aid /Emergency Measures Taken \_\_\_\_\_

\_\_\_\_\_

First Aid Administered by \_\_\_\_\_

Was EMS Called? \_\_\_\_ Yes \_\_\_\_ No

Copy of Report Given to (print name) \_\_\_\_\_

Signature of above \_\_\_\_\_ Date \_\_\_\_\_

Relationship to injured \_\_\_\_ Parent \_\_\_\_ Teacher \_\_\_\_ Other \_\_\_\_\_

Name of person filling out report \_\_\_\_\_

Signature of person filling out report \_\_\_\_\_ Date \_\_\_\_\_

Farm Owner \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Animal bites need to be reported to the appropriate authority.