



## FACT SHEET 20

### SAMPLE INCIDENT FORM

COACH/ LEADER IN ATTENDANCE	
INJURED PARTY	
Name	
Age/ DOB	
School	
Address	
Accident Details <ul style="list-style-type: none"> <li>• Date:</li> <li>• Time:</li> <li>• Exact Location</li> <li>• Injury</li> <li>• How happened</li> </ul>	
Severity <ul style="list-style-type: none"> <li>○ Minor</li> <li>○ Considerate</li> <li>○ Severe</li> </ul>	
FIRST AID INVOLVED	YES / NO
MEDICAL ATTENTION REQUIRED	YES / NO
PARENTS INFORMED BY WHOM	YES / NO
FORM COMPLETED BY:	
REFERRED TO DESIGNATED PERSON	YES / NO
DESIGNATED PERSON SIGNATURE	