



INCIDENT REPORT/Notice of Injury

Reported by: _____ Date: _____ Time: _____ AM PM

Location: _____

Person(s) Involved: _____ Age(s): _____

Please attach a sheet with contact info for all involved (name-guardian if minor, address, phone, & email)

Participant(s) Insured? Y N Insurance: _____

Details of the Incident: on campus or not, who was supervising, occurred during what type of activity or event?

Injuries sustained: _____

Action Taken: anyone taken to doctor, ER, or other provider? If so, which/where? Follow up instructions?

Comments: _____

Witness(es): _____

Verification Signature: _____ Staff: _____