

YORK CATHOLIC HIGH SCHOOL
601 E. SPRINGETTSBURY AVE., YORK PA 17403
(717) 846-8871 FAX (717) 843-4588

INCIDENT / INJURY REPORT

Date of Incident: _____ Time of Incident: _____

Incident: _____

Address of Incident: _____

Information about Individual(s) Involved:

<i>Name</i>	<i>Team</i>	<i>Street, City, State, Zip</i>	<i>Phone</i>	<i>Birthdate</i>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Description of Incident:

Description of Injury:

Action or Care Provided:

OVER

- Did victim notify staff of any injury? Yes No
- Did victim refuse medical attention by staff at the time of injury? Yes No
- Were precautions taken to supply safety for surroundings? Yes No
- Was EMS called? Yes No
- Was victim transported to an emergency facility? Yes No
- If no, did victim continue with activity? Yes No

Please note any other details:

REPORT PREPARED BY:

NAME: _____

POSITION: _____

SIGNATURE: _____ DATE: _____

***Submit this form to Heather Dougherty in the YCHS Business Office
hdougherty@yorkcatholic.org***