INCIDENT / INJURY REPORT

Date of Incident: ___________________________  Time of Incident: ___________________

Incident: _______________________________________________________________________

Address of Incident: _______________________________________________________________________

Information about Individual(s) Involved:

<table>
<thead>
<tr>
<th>Name</th>
<th>Team</th>
<th>Street, City, State, Zip</th>
<th>Phone</th>
<th>Birthdate</th>
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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 explain how parents/guardian were notified:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

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

Updated 10/17/19