

YORK CATHOLIC MIDDLE & 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 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 YC Business Office
hdougherty@yorkcatholic.org***