



Incident Report

Name of student: _____ Date: _____

The following incident occurred today at: _____ a.m./p.m.

INCIDENT	INJURY	FIRST AID
<input type="checkbox"/> Ran and fell	<input type="checkbox"/> Scraped: head, leg, arm, face, finger, other: _____	<input type="checkbox"/> Area cleaned with soap and water
<input type="checkbox"/> Tripped and fell	<input type="checkbox"/> Cut: head, leg, arm, face, finger, other: _____	<input type="checkbox"/> Ice pack applied to affected area
<input type="checkbox"/> Bumped by another child	<input type="checkbox"/> Bumped: head, leg, arm, face, finger, other: _____	<input type="checkbox"/> Band-Aid applied
<input type="checkbox"/> Hurt while playing a game	<input type="checkbox"/> Bruising visible	<input type="checkbox"/> None
<input type="checkbox"/> Other _____	<input type="checkbox"/> Area was red but no swelling	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Swelling visible	_____
_____	<input type="checkbox"/> Splinter visible	_____
	<input type="checkbox"/> No visible injury	
	<input type="checkbox"/> Other: _____	

Additional comments: _____

First aid administered by: _____ at _____ a.m./p.m.

If you wish to discuss this incident further, please feel free to contact me.



_____ Commander/Director reviewed
initials