



INCIDENT REPORT

DATE: _____ TIME: _____ LOCATION: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EXPLANATION OF INCIDENT: _____

INJURIES INCURRED (IF APPLICABLE): _____

ACTIONS TAKEN: _____

ACTIONS TAKEN BY: _____

PARENT/GUARDIAN NOTIFIED: YES / NO

WITNESS NAME: (PRINT) _____

WITNESS SIGNATURE: _____