

Participant First Name	Participant Last Name	Date	Program Location

Please provide involved youth's information above. If multiple youth involved, complete a separate report for each youth.



## INCIDENT REPORT

Notify Program Coordinator within 1 hour of incident. Incident report must be completed before the end of the current shift

### EMPLOYEE/VOLUNTEER INFORMATION (person filling out the report)

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*First/ Last Name*

### INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Exact Location: \_\_\_\_\_  
 (Please be precise, ex: Palm Valley Putting Green, Brentwood Hole #6 Fairway, LPGA International parking lot)

Please check all that apply

<input type="checkbox"/>	<i>Injury</i>	<input type="checkbox"/>	<i>Physical Aggression</i>	<input type="checkbox"/>	<i>Social Aggression</i>
<input type="checkbox"/>	<i>Risk to self</i>	<input type="checkbox"/>	<i>Property Damage</i>	<input type="checkbox"/>	<i>Theft</i>
<input type="checkbox"/>	<i>Vehicle Incident</i>	<input type="checkbox"/>	<i>Technology Issue</i>	<input type="checkbox"/>	<i>Other</i>

Description of what happened (please be specific ex. Johnny fell on the playground and scratched his hand – think “where and how”): \_\_\_\_\_

Action Taken (Please be specific – what happened after the incident, how was the incident handled) \_\_\_\_\_

Assistance Rendered (Fire, Medical, Police) \_\_\_\_\_

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Parent contact necessary?  Yes  No (All head and/or neck injuries require contact)

Time/Date of contact: \_\_\_\_\_ Person contacting parent \_\_\_\_\_

Name of Parent/Guardian contacted: \_\_\_\_\_

Method of contact:  Phone  In person  Other Method (explain) Details of Contact: \_\_\_\_\_

Risk Management contact necessary?  Yes  No (Any incident that requires help from an outside source)

Time/Date of contact: \_\_\_\_\_ Person contacting RM \_\_\_\_\_

Name of Risk Management Agency contacted: \_\_\_\_\_

Method of contact:  Phone  In person  Other Method (explain) Details of Contact: \_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Checklist** (complete and check "Yes" before signing)

Parent Contacted (mandatory if head and/or neck injury):  Yes  No

Risk Management Agency Contacted:  Yes  No

Program Coordinator Contacted (mandatory):  Yes  No  
 (Text a photo of each side of this Incident Report to Kyle at 772-473-0243)

\_\_\_\_\_  
 Signature of employee/volunteer reporting incident

\_\_\_\_\_  
 Printed name of employee/volunteer reporting incident

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Printed name of Supervisor

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