



Incident Report

Club Name: _____

Date: _____ Time: _____

Instructors: _____

Total number of people involved: Youth: _____ Adult(s): _____

Names of injured: _____

Description and location of the incident (Please attach additional pages if necessary): _____

First aid administered: Yes _____ No _____

Type of first aid: _____

Medical treatment required: Yes _____ No _____

Name and location of responding hospital or emergency care center: _____

Mode of transportation to hospital: _____

Insurance information brought to hospital: Yes _____ No _____

Health forms brought to hospital: Yes _____ No _____

Parent contacted: Yes _____ No _____ Extension office notified: Yes _____ No _____

Instructor's signature: _____

Parent's signature: _____

Extension Agent or REA signature: _____