

CYFCA INCIDENT REPORT

Incident Date/Time: _____

Injured Persons Name: _____

Address: _____

Phone Numbers: _____

Male/Female: _____ Date of Birth: _____

Details of Incident:

Type of injury: _____

Treatment given: _____

Person who gave Treatment: _____

Did the injured participant require Hospitalization? Yes: _____ No: _____

If yes, which Hospital: _____

Important Notes and Instructions:

Prepared By: _____

Parent Signature: _____

Safety Officer Signature: _____