

Risen Kidz Incident Report

General Information

Child's Name: _____ Parents Names: _____

Supervising Adults: _____

Information on Incident

Date: _____ Time: _____ Location: _____

Parents Notified by: _____ Time: _____

Describe the incident:

Describe the extent of the injury:

Describe the first aid and course of treatment:

Signature of person completing report: _____ Date: _____

Signature of Leader: _____ Date: _____