

# INCIDENT REPORT

Date and time of incident: \_\_\_\_\_

Name of person(s) involved: \_\_\_\_\_

Nature of incident (please describe):

(circle one)      Medical                  Discipline                  Other \_\_\_\_\_

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Describe follow-up action taken:

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Who was contacted about incident:

Parent(s) \_\_\_\_\_ Date \_\_\_\_\_ by whom \_\_\_\_\_

Medic(s) \_\_\_\_\_ Date \_\_\_\_\_ by whom \_\_\_\_\_

HF Staff \_\_\_\_\_ Date \_\_\_\_\_ by whom \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_ by whom \_\_\_\_\_

Submitted by:

\_\_\_\_\_  
(please print)                                  Signature \_\_\_\_\_ Date \_\_\_\_\_

**OVER →**

