

APPENDIX 7
CHILD\YOUTH PROTECTION INCIDENT REPORT FORM
(Please print clearly)

Date of incident _____ Time _____ am pm

Place of incident / Room or Location _____

Activity _____

Leader _____

Name of reporter _____ Title _____

Person(s) involved _____ Phone# _____

_____ Phone# _____

_____ Phone# _____

Witnesses _____ Phone# _____

_____ Phone# _____

Briefly describe what happened: _____

Action taken: _____

Was parent called? Yes No Was parent reached? Yes No

If someone was injured were they transported to a hospital? Yes No

IF ABOVE ANSWER IS NO, PLEASE EXPLAIN:

If yes, which hospital? _____ By whom? _____

Signature of Reporter _____ Date _____

Signature of Activity Coordinator _____ Date _____

Signature of Parent _____ Date _____