

K-7. Community Campus: Incident Report Form

Instructions: An incident report must be completed any time an accident, injury, disruptive behavior, or vandalism occurs at the Community Campus (see Campus Handbook for definitions of accidents, injuries, disruptive behavior and vandalism.) The incident report must be submitted to the Foundation for Seacoast Health by the end of the working day on which the incident occurred. In the case of injury requiring medical attention, staff must also complete the accident report located on side two of this report.

Summary:

- **Type of Incident that Occurred:** Accident Disruptive Behavior Vandalism
 Other _____
- **Were There Any Injuries?** Yes No
- **Was Any Damage Done to Campus Property?** Yes No
- **Type of Damage:** _____
- **Who Has Been Notified?**
 Foundation
 Police....Police Department Case #: _____
 Ambulance/Fire Dept.
- **Which Reports Have Been Completed:**
 Foundation Accident Report (see reverse side of this form)
 Agency Accident Report
- **Has A Barment Letter Been Issued:** Yes No

Name of Person(s) Responsible for Incident and His/Her Affiliation to the Campus:

1. _____ 2. _____

Name(s) of Any Injured and His/Her Affiliation to the Campus:

1. _____ 2. _____

Description of Incident: _____

Action Taken By Reporting Agency: _____

Signature: _____ **Organization:** _____

Date: _____ **Phone:** _____

COMMUNITY CAMPUS
K-8. Accident Report

To be completed for any incident or accident that occurs on-site that results in injuries of any kind. Accident reports must be submitted to the Foundation for Seacoast Health by the end of the day on which the incident/accident occurs. If the accident or injury occurs in an agency/organization's designated space or during one of the agency/organization's programs, activities, or events, the agency/organization shall also complete and attach the accident/injury report required by their own organization.

Name of Injured Person _____
Sex _____ Date of Birth _____ Current Age _____

Description of Accident

Date of Injury _____ Time of Injury _____
Terrain _____ Weather _____

Activity when accident occurred: _____

Where accident occurred: _____

Brief Description of Accident:

Describe injury, if any _____

Who saw it happen? _____

Medical Attention

Was a physician consulted? ____ Date/Time _____ Name of Physician _____

Ambulance called? _____ Date/Time: _____

Transported to: _____

If not seen by a physician or transported to a medical facility, was any first aid administered? ____

If yes, describe: _____

Who administered the first aid? _____

Current condition: _____

The above report is true and accurate to the best of my (our) knowledge.

Person(s) who saw the accident) _____

Date: _____

Agency Submitting Report: _____

Program Director

Date: _____