

*Complete and submit to CoachArt office within 24 hours of incident (phone in immediately)*

PLEASE CHECK THE APPROPRIATE SITUATION

- |  |   |
|--|---|
| <input type="checkbox"/> ACCIDENT (INJURY)       | <input type="checkbox"/> BEHAVIOR PROBLEM |
| <input type="checkbox"/> DESTRUCTION OF PROPERTY | <input type="checkbox"/> OTHER            |

PLEASE CHECK THE APPROPRIATE PERSON(S) INVOLVED

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> STUDENT   | <input type="checkbox"/> PARENT |
| <input type="checkbox"/> VOLUNTEER | <input type="checkbox"/> STAFF  |
| <input type="checkbox"/> OTHER     |                                 |

NAME \_\_\_\_\_ AGE (IF MINOR) \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF ACTIVITY \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ TIME OF INCIDENT \_\_\_\_\_

DESCRIBE INCIDENT:

HOW/WHY DID INCIDENT BEGIN:

WHAT HAPPENED AFTER THE INCIDENT (INCLUDING ANY EMERGENCY PROCEDURE UTILIZED BY EMPLOYEE)?

WHO WAS INVOLVED AND/OR WHO WITNESSED THE INCIDENT?

WAS THERE AN INJURY?

YES

NO

*\*IF YES, WHAT INJURY?*

WAS A PHYSICIAN REQUIRED?

YES

NO

*\*IF YES, TO WHOM?*

WAS MEDICAL TREATMENT REQUIRED?

YES

NO

*\*IF YES, LOCATION OF TREATMENT?*

WAS FIRST AID ADMINISTERED?

YES

NO

*\*IF YES, WHAT WAS ADMINISTERED?*

WAS INJURY SERIOUS? PLEASE DISCRIBE:

IF STUDENT IS INVOLVED, WAS PARENT/GUARDIAN NOTIFIED?

YES

NO

WHO WAS NOTIFIED? \_\_\_\_\_

BY WHOM? \_\_\_\_\_

WHEN? \_\_\_\_\_

WAS COACHART ADMINISTRATOR NOTIFIED?

YES

NO

WHO WAS NOTIFIED? \_\_\_\_\_

BY WHOM? \_\_\_\_\_

WHEN? \_\_\_\_\_

**STAFF MEMBER FILLING OUT REPORT**

STAFF'S NAME \_\_\_\_\_

JOB TITLE \_\_\_\_\_

SIGNATURE OF PERSON COMPLETING REPORT \_\_\_\_\_

DATE \_\_\_\_\_

ADDITIONAL COMMENTS:

**FOR OFFICE USE ONLY**

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

*(PLEASE PRINT)*

COACHART ADMIN: \_\_\_\_\_

DATE: \_\_\_\_\_

FOLLOW UP (IF ANY):