Incident/Injury/Illness Report

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DEFINITIONS

Incident: An unusual event that happens, not necessarily resulting in an injury to a child, youth, or vulnerable adult.

Minor Injury: An injury resulting in a child/youth/vulnerable adult being able to return to normal activity; basic first aid may be given by staff.

Serious Incident/Injury/Illness: An unusual or unexpected event which jeopardizes the safety of a child/youth/vulnerable adult or staff member: an incident, injury or illness resulting in a limitation in the child/youth/vulnerable adult's activity; medical attention/intervention is necessary (beyond basic first aid by staff); child/youth/vulnerable adult is taken home/medical office/hospital.

INSTRUCTIONS

Please provide a complete description of the Incident/Illness/Injury in the summary section. Ensure all sections have been completed.

1. Name of church:	2. Street address:	
3. City:	4. State:	5. Zip code:
6. First name of injured: Last name of injured:		7. Injured's date of birth *(MM/DD/YY)*:
10. Person responsible for injured at time of incident/illness First name: Last name:		8. Date of incident/injury/illness *(MM/DD/YY)*: 9. Time of incident/injury/illness *(AM/PM)*:
11. Witness 1 First name: Last name:	12. Witness 2 First name: Last name:	13. At the time of the incident/injury/illness: How many participants were there in this group? How many volunteers/staff members were supervising the group?
14. Were guardians contacted? ☐ Yes ☐ No If yes, when?	15. Person who provided first-aid First Name: Last Name:	

16. Age of group injured was assigned to at the time of the incident/injury/illness: *(check one)*

☐ Young infant *(<12 months)* ☐ Infant *(12-18 months)* ☐ Toddler *(18 months-2 years)* ☐ Preschooler (3-5 years)
☐ School age *(kindergarten-Grade 5)* ☐ Middle school *(Grades 6-8)* ☐ High school *(Grades 9-12)* ☐ Adult (Age 18+)

TYPE OF INJURY *(check maximum of 5)*

- ☐ Bit tongue/cheek/lip
- ☐ Bite-human
- ☐ Bite/sting-animal or insect
- ☐ Blow to head
- ☐ Broken bone
- ☐ Bump/bruise
- ☐ Burn
- ☐ Choking
- ☐ Cut
- ☐ Difficulty breathing
- ☐ Nose bleed
- ☐ Object inserted into body part
- ☐ Poisoning
- ☐ Puncture wound
- ☐ Scrape/scratch
- ☐ Something in eye
- ☐ Stubbed finger/toe
- ☐ Sunburn
- ☐ Swelling/redness
- ☐ Tooth *(chipped, knocked out, loosened)*
- ☐ Other _____

TYPE OF ILLNESS *(check maximum of 2)*

- ☐ Allergic reaction /Asthma
- ☐ Collapse/faint
- ☐ Diaper rash
- ☐ Fever
- ☐ No pulse/breathing
- ☐ Seizure
- ☐ Stomachache/vomiting/diarrhea
- ☐ Other illness *(specify in summary section)*

_____

TYPE OF INCIDENT *(check maximum of 3)*

- ☐ Another adult found child
- ☐ Baby fed wrong bottle
- ☐ Blood or bruise found on child
- ☐ Child ran away
- ☐ Child unattended
- ☐ Collision w/object
- ☐ Collision w/person
- ☐ Death
- ☐ Fall-walk/run/trip
- ☐ Fall to surface
- ☐ Fighting
- ☐ Inappropriate touching/sexual play
- ☐ Intruder
- ☐ Medication error
- ☐ Missing child
- ☐ Vehicle accident
- ☐ Weapon found
- ☐ Other _____

ACTION TAKEN *(check a maximum of 3)*

- ☐ Bandage
- ☐ Body part elevated
- ☐ Contacted children's protective services
- ☐ Contacted poison control
- ☐ Emergency services called
- ☐ Emergency services transported child
- ☐ Hug/pat
- ☐ Ice
- ☐ Pressure applied
- ☐ Referred for further medical care
- ☐ Rested on cot
- ☐ Returned to normal activity
- ☐ Sent home early/picked up early
- ☐ Washed/soap

INCIDENT HAPPENED DURING *(check maximum of 3)*

- ☐ Arrival/departure
- ☐ Bus/vehicle/during transportation
- ☐ Classroom activity
- ☐ Diaper change
- ☐ Indoor play/group activities/free play
- ☐ Meals/snack
- ☐ Naptime/rest period
- ☐ Outdoor play

WHERE DID THE INCIDENT/INJURY/ILLNESS HAPPEN?

- ☐ Changing table
- ☐ Crib
- ☐ High chair
- ☐ Bathroom
- ☐ Classroom
- ☐ Hall/doorway
- ☐ In vehicle
- ☐ Inside play area/large muscle area
- ☐ Kitchen/eating area
- ☐ On fieldtrip/routine trip
- ☐ Outdoor play area
- ☐ Parking area/driveway
- ☐ Pool
- ☐ Stairway

SUMMARY OF INCIDENT/INJURY/ILLNESS

(explain, attach additional paper if needed)

_____

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Person completing form:		**Person receiving a copy of this form:**
First name:	Last name:	☐ Parent/family member
Signature:	Date:	☐ Guardian/pastor