



# Incident Report Form for Minors

Minor's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of leader present: \_\_\_\_\_

Time injury occurred: \_\_\_\_\_ Where: \_\_\_\_\_

Explanation of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Care given to minor: \_\_\_\_\_

\_\_\_\_\_

Were the parents' notified?  YES  NO What time: \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow-up contact made?  YES  NO Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

With whom did you speak: \_\_\_\_\_ Relationship to injured? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_