



HFSC Incident report

PLEASE PRINT

Name: _____

Witnesses: _____ Incident: _____

Location: _____ Date of Incident: _____

Give a brief description of the incident : _____

Was first aid treatment administered? _____ If yes, by whom? _____

Was a family member or an emergency contact notified? _____

Reporter's Signature: _____ Date: _____

Parent or participant's Signature: _____ Date: _____