



INCIDENT REPORT

DATE	DATE OF OCCURRENCE	TIME OF OCCURRENCE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Print Legibly

BRANCH NAME	LOCATION IF OTHER THAN BRANCH:
<input type="text"/>	<input type="text"/>

MEMBER ID NUMBER

NAME OF PERSON AFFECTED	AGE	(NAME OF PARENT/GAURDIAN IF UNDER 18)
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME ADDRESS: STREET	APT. NO.	HOME PHONE	BUSINESS PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CITY/STATE/ZIP

WHAT PROGRAM OR ACTIVITY WAS THE PERSON PARTICIPATING IN?	WHO WAS IN CHARGE?
<input type="text"/>	

DESCRIBE EXACTLY WHAT HAPPENED

WHAT ASSISTANCE WAS GIVEN AT THE SCENE

PERSONS GIVING ASSISTANCE:

NAM	ADDRESS (STREET NO.) CITY -	PHONE
NAM	ADDRESS (STREET NO.) CITY -	PHONE

WHERE WAS PERSON TAKEN AFTER INCIDENT? (NAME OF DOCTOR, HOSPITAL, ETC.)

WITNESS:

NAME	ADDRESS (STREET NO.) CITY - STATE - ZIP	PHONE NO.
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FORM COMPLETED BY:	BRANCH EXECUTIVE:
<input type="text"/>	<input type="text"/>

INTERNAL REPORT: TOP WHITE - METRO RISK MANAGEMENT DEPT. YELLOW: BRANCH COPY

INCIDENT REPORT: BOTTOM WHITE - PARENT OR INDIVIDUAL YELLOW: BRANCH COPY



YMCA OF METRO ATLANTA INCIDENT REPORT

INDIVIDUAL'S NAME _____ BRANCH _____

Information Concerning the Incident

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ LOCATION OF INCIDENT: _____

DESCRIPTION: SCRATCH CUT INAPPROPRIATE BEHAVIOR
INSECT BITE/STING BITE OTHER: _____

PART OF BODY INJURED: _____

FIRST-AID ADMINISTERED: YES NO

EXPLAIN _____

RESUMED NORMAL ACTIVITY REFERRED TO HOSPITAL/EMERGENCY PERSONNEL RELEASED TO PARENT

FORM COMPLETED BY: _____