Diocesan Recreation Association
Incident Report

Procedure: To be completed for all incidents occurring on parish property, or in any parish activity that requires medical or dental attention. This form is to be completed by parish personnel supervising an activity, a nurse, or other appropriate individual. Report must be completed as soon after the incident as is practical, or upon return to parish by individual.

A. To be completed for all incidents.

Name of Injured: ____________________ ☐ Athlete

Address: ____________________ Telephone No: __________ ☐ Employee

____________________ Location: __________

Witness: ____________________ Telephone No: __________ ☐ Visitor

Date of Incident: ____________________ Time of Incident: ________ AM ________ PM

B. To be completed for athlete incidents only.

Parish: ______________ Grade: _____ Parents Notified? ☐ Yes ☐ No

Supervised Activity? ☐ Yes ☐ No Person in charge: ____________________

Accident Location: ☐ classroom ☐ playground ☐ gym ☐ bus

☐ Other, specify ____________________

Object or Surface condition: ☐ dry ☐ slippery ☐ wet ☐ rough ☐ ice/snow ☐ moving ☐ cracked/broken

☐ stationary ☐ uneven/raised

C. Type of Injury.

☐ Abrasion	☐ Concussion	☐ Fracture	☐ Sprain
☐ Bruise	☐ Cut	☐ Laceration	☐ Strain
☐ Burn	☐ Dislocation	☐ Puncture	Other ______________

D. Part of the body involved.

left		right	left		right	left		right	left		right
☐	chest	☐	☐	neck	☐	☐	shoulder	☐	☐	hip	☐
☐	back	☐	☐	teeth	☐	☐	upper arm	☐	☐	upper leg	☐
☐	abdomen	☐	☐	face	☐	☐	lower arm	☐	☐	lower leg	☐
☐	groin	☐	☐	eye	☐	☐	elbow	☐	☐	knee	☐
☐	ear	☐	☐	nose	☐	☐	scalp	☐	☐	toes	☐
☐	fingers	☐	☐	ankle	☐	☐	mouth	☐	☐	hand	☐

E. Cause of Incident.

☐ Animal/Insect bite	☐ Collision with person	☐ Toxic substance	☐ Fighting
☐ Struck by vehicle	☐ Struck by object	☐ Collision with object	☐ Lifting
☐ Exposure to weather	☐ Exposure to blood	☐ Hot surface/substance	☐ Slip/trip/fall
☐ Caught on or in between	☐ Fall different level		

☐ Other, specify ____________________

Comments: ____________________

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Revised 07/2010