HPCUMC Incident Report Form

Incident/Injury/Illness Report

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:				, treet address:			1	
3. City:			4. State:		5.	. Zip code	e:	
6. First name of injured:	Last name of injured:				7. Injured's date of birt			
10. Person responsible for injured at time of incident/illness					8. Date of incident/injury/illness (<i>MM/DD/YY</i>):			
First name:				9. Time of incident/injury/illness (AM/PM):				
11. Witness 1		12. Witness 2			13. At the time of the incident/injury/illness:			
First name:		First name:			How many participants were there in this group? How many volunteers/staff members were supervising the group?			
Last name:	Last name:			,	/ volunteers/stan	T membe	ers were supervising the group?	
14. Were guardians contacted?								
□ Yes □ No If yes, whe					Last Na	ame:		
16. Age of group injured was assigned					(2)	,		
□ Young infant (<12 months)	Infant (12-18 months) Middle school (Grades 6-8)		•	□ Toddler (18 months-2 years) □ High school (Grades 9-12)			Preschooler (3-5 years)	
□ School age (kindergarten-Grade 5)		school (Gra	aes 6-8)	Li High scr	1001 (Grades 9-12))	Adult (Age 18+)	
TYPE OF INJURY (check maximum of	of 5)		1	ACTION TAK	(EN (check a max	ximum of	3)	
☐ Bit tongue/cheek/lip	Object inserted into body part			Bandage			□ Ice	
⊐ Bite-human	Poisoning		C	Body part elevated		Pressure applied		
Bite/sting-animal or insect	Puncture wound		[Contacted children's protective		Referred for further medical care		
□ Blow to head	□ Scrape/scratch			services			Rested on cot	
□ Broken bone	Something in eye		C	Contacted poison control		Returned to normal activity		
□ Bump/bruise	Stubbed finger/toe		C	Emergency services called			Sent home early/picked up early	
□ Burn	Sunburn			Emergency services transported child		ed child	Washed/soap	
□ Choking	□ Swelling/redness] Hug/pat				
□ Cut	Tooth (chipped, knocked out, loosened)						-	
Difficulty breathing	ng 🗆 Other			INCIDENT HAPPENED DURING (check maximum of 3)				
□ Nose bleed				□ Arrival/depart			Indoor play/group activities/free play	
					uring transportat		Meals/snack	
TYPE OF ILLNESS (check maximum	of 2)			Classroom act	,		Naptime/rest period	
Allergic reaction /Asthma	□ Seizure] Diaper change	2		Outdoor play	
□ Collapse/faint	Stomachache/vomiting/diarrhea			WHERE DID THE INCIDENT/INJURY/ILLNESS HAPPEN?				
Diaper rash	 Other illness (specify in summary section) 		action)	Changing table			Inside play area/large muscle area	
□ Fever				□ Crib			□ Kitchen/eating area	
No pulse/breathing] High chair			 On fieldtrip/routine trip 	
] Bathroom			□ Outdoor play area	
TYPE OF INCIDENT (check maximum of 3)				Classroom			□ Parking area/driveway	
Another adult found child	□ Fall to surface			□ Hall/doorway				
Baby fed wrong bottle	Fighting			□ In vehicle			□ Stairway	
Blood or bruise found on child	Inappropriate touching/sexual play		olay				,	
□ Child ran away	Intruder			SUMMARY OF INCIDENT/INJURY/ILLNESS (explain, attach additional paper if needed)				
Child unattended	Medication error							
Collision w/object	Missing child		-					
Collision w/person	Vehicle accident		-					
□ Death	Weapon found		-					
□ Fall-walk/run/trip	Other							
Person completing form:					Person re	ceiving	a copy of this form:	
First name:					□ Parent/family member			
FIISCHAITIC.	Date:							