

# Kids Korps USA Accident / Incident Report

Return this form to the Kids Korps Chapter and Membership Director

Report Type :  Accident       Incident

Chapter \_\_\_\_\_ Date \_\_\_\_\_  
Project Leader: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## General Information *(complete for all reports)*

Name of Person Involved \_\_\_\_\_ Date of Occurrence \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
Gender  Male  Female      Date of Birth \_\_\_\_\_ Age \_\_\_\_\_      Check one  Member  
 Non-Member  
 Other \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
(Street) (City) (Zip)  
Parent/Guardian (if a minor) \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Describe the incident (where and what happened) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was anyone else involved/injured?  Yes  No      If yes, who? \_\_\_\_\_

Report written by \_\_\_\_\_ Date report written \_\_\_\_\_  
(Print Name) (Signature)

## Medical Information For Accident Report Only Fully describe the injured party's condition and any first aid given

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First aid administered?  Yes  No      Further Medical Attention Given?  Yes  No  Declined  
If so, where? \_\_\_\_\_  
by whom? \_\_\_\_\_

Was parent/guardian/emergency contact notified?  Yes  No  
If so, when? \_\_\_\_\_ If not, why? \_\_\_\_\_  
Who was called? \_\_\_\_\_ With whom did the injured party leave? \_\_\_\_\_

## Witnesses Check box to indicate (A) adult member (Y) Youth member (O) Other. For Other, please specify

| A                        | Y                        | O                        | Name  | Age   | Phone | Address | City  | State | Zip   |
|--------------------------|--------------------------|--------------------------|-------|-------|-------|---------|-------|-------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____   | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____   | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____   | _____ | _____ | _____ |

## Follow-Up To be done within 3 days of the accident

Date \_\_\_\_\_ Time: \_\_\_\_\_ am / pm By \_\_\_\_\_  
Details on follow-up \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kids Korps USA: Developing Leaders for Life Through Youth Volunteerism



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