

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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