

Incident Report for Local Low Risk Activity Off-site Activities

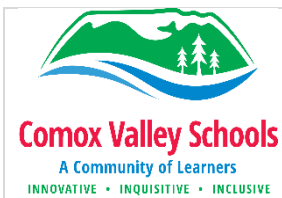
The purpose of this form is to help ensure prompt, appropriate documentation of the particulars of an injury, illness or other incident that is of a potentially serious nature. The context involves local, low risk activities and environments.

Some of the circumstances that suggest completion of this form is appropriate include:

- an injury or illness that could affect the student's long-term health and wellness;
- an injury or illness that interferes with the affected student's ability to participate in activities for more than a half-day;
- an injury or illness that requires the student to be transported to a medical facility or seek medical attention for examination and/or treatment;
- a behavioural incident that requires the student to be removed from the program;
- a lost or missing person situation;
- a situation involving lost or damaged property of significant value.

Witnesses written reports should be attached to this form and submitted to the administration.

In addition, where an incident occurs that has or may have financial implications for the board, whether an injury or illness occurred or not (including, but not limited to, situations involving vehicular incidents, theft or property damage – school, personal or third party owned), incident report forms should be secured from and submitted to the School Protection Program. Consult with school or board administrator.



INCIDENT REPORT FOR LOCAL LOW RISK OFF-SITE ACTIVITIES

School Name

Complete this form following any significant incident or accident and submit to your Principal or designate within 24 hours. Serious incidents must be reported to a District/School Authority office. Please print.

Name of Person Involved

Age

Address

Phone No.

Male Female

Program Name

Location

Date (yyyy/mm/dd)

Time of Incident (am/pm)

Type of Incident (check most significant)

Injury
 Illness
 Lost
 Behavioural
 Property Damage
 Near Miss

Description of Incident. Include: (a) what happened, (b) where, (c) how, and (d) why. Note location and any equipment, apparatus, or contributing factors involved.

If an injury was sustained, describe (a) the type of injury(ies), (b) body part(s) affected, (c) specify right/left side.

Describe any first aid administered.

First aid administered by

Signature

Were Emergency Services activated?

Yes No

If yes, which one(s)?

Ambulance Police Fire Parks Other (specify)

Was the individual taken to a hospital/MediCentre?

Yes No If yes, which one?

If parent/guardian not present, who (which staff member/volunteer) accompanied child?

Witnesses	
<i>Name</i>	<i>Phone No.</i>
<i>Name</i>	<i>Phone No.</i>
<i>Name</i>	<i>Phone No.</i>
Preserve any physical evidence. Take pictures and/or video if possible.	
Reporting	
<i>Prepared by (Print Name)</i>	<i>Signature</i>
<i>Position</i>	<i>Date (yyyy/mm/dd)</i>
<i>Phone No.</i>	<i>Email</i>
<i>Received by (Print Name)</i>	<i>Signature</i>
<i>Position</i>	<i>Date (yyyy/mm/dd)</i>
<i>Phone No.</i>	<i>Email</i>

Personal information contained on this form is collected under the authority of the School Act for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.