

Injury Incident Report

Name

Home Address

Phone _____ Date of Incident _____ Time _____ AM/PM

Exact Location of Incident

Describe Incident

Witnesses

Was Aid Given? Yes _____ No _____ Type

911 Called? Yes _____ No _____ First Responder

Action Taken

Patron Signature/Date

Staff Signature/Date

Declination of Services

Do you decline calling 911? Yes _____ No _____

Do you decline medical treatment? Yes _____ No _____

Signature