SCA Incident Report

General Information

Reported By: Name of Person Reporting to SCA

Position Program Type: Corps

Incident Report Information

Date of Incident: 8/22/2012

Time of Incident: Enter Time and Time Zone

Program Environment: Choose One

Occurred While On Duty? Choose One

Incident Narrative: Narrative – What, where, who, when

Action That Has Been Taken? The Response

Action Plan Moving Forward? The Plan

One Sentence Summary: Summary Here

Injury/Illness Information

Type of Injury: Choose an item.

Explain Injury: Explain any injury from above

Type of Illness: Choose an item.

Explain Illness: Explain any illness from above

Behavioral: Choose an item.

Explain Behavioral: Explain any behavioral issues listed above

Other: Choose an item.

Explain Other: Explain any “other” from above

Activity: Choose an item.

Explain Activity: Explain activity during which incident occurred

Contact/Logistics

Name of Doctor/Hospital/Clinic: Click here to enter text.

Phone of Doctor/Hospital/Clinic: Click here to enter text.

Medical Form Provided? Choose an item.

If yes, by whom? Click here to enter text.

Have Parent Been Notified? Choose an item.