SAMPLE

JOINT BASE LEWIS MCCHORD CHILD & YOUTH SERVICES
CHILD OR YOUTH INCIDENT REPORT

Name of Child/Youth Involved:	Age:	Date & Time of Incident:
Amazing Star	7	10 Sep 2021 1000 AM

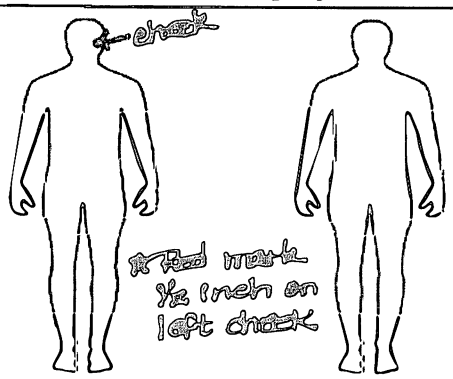
Location of Incident **Facility:** LNAC **Program Area:** Field

X	Sports Field		Sports Gym Bldg. 2295		School Gym		Instructional Class		
	Did not occur in CYS setting per parent/guardian						Learn Center		

Description of Incident (Mark all that apply)

	Minor Cut		Bite		Bleeding
	Minor Scrape	X	Bruise-Mark		Open Wound
	Scratch		Swelling		Bloody Nose
	Painful extremity	X	Head Injury		Other:

Indicate Injury



Parent/Guardian Notified Yes ☐ No ☐

Time Of day	Type of Contact (In-person, phone, left message)	Who did you contact? (parent-guardian-emergency contact)	COACH staff Initials
1000	on-site	parent-person	AS

Minor First Aid Provided by CYSS

	Cleaned w/Soap & Water
	Applied Band-Aid
X	Cold Pack
X	Rested
	Other (describe)

Objective Written Description of Incident

Describe in detail what happened to the child or youth.(use back side of form if needed)
Amazing & another player were running for the ball and collided. Amazing's check has a small mark on left side.

Name of CYS COACH-Staff who observed incident: Athletic Scout

☒ YES ☐ NO----Were there other children or adults involved in the incident? If yes, explain how without using other children's names:
Two child trying to go for same ball. Heads were hit.

Other Resources

	911 Called		Emergency Room		APHN		MPs
	911 Transported		MAMC		SWS		CYS Nurse
	Safety Office		CYS Branch Administrator				CYS Chief

Signature here 10Sep21 **COACH-Staff Signature & Date**	☆ _____ **Parent/Guardian Signature & Date**
TEAM NUMBER & AGE: 7-8 #1 **COACH NAME:** Athletic Scout	☆ _____ **Director Signature & Date**

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Location of Incident Facility: **Program Area:**

☐	Sports Field	☐	Sports Gym Bldg. 2295	☐	School Gym _____	☐	Instructional Class	☐			
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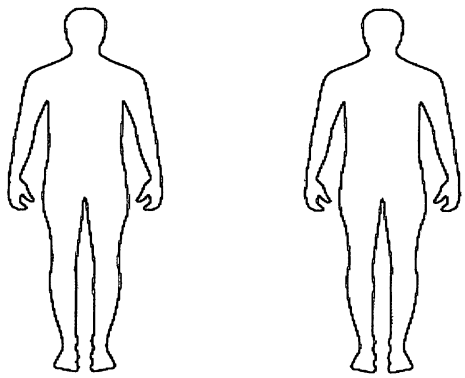

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Name of CYS COACH-Staff who observed incident: _____

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Other Resources

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☐	Safety Office	☐	CYS Branch Administrator			☐	CYS Chief

_____ **COACH-Staff Signature & Date**	_____ **Parent/Guardian Signature & Date**
TEAM NUMBER & AGE: **COACH NAME:**	_____ **Director Signature & Date**

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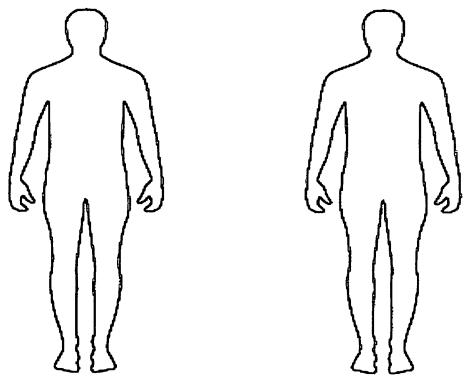

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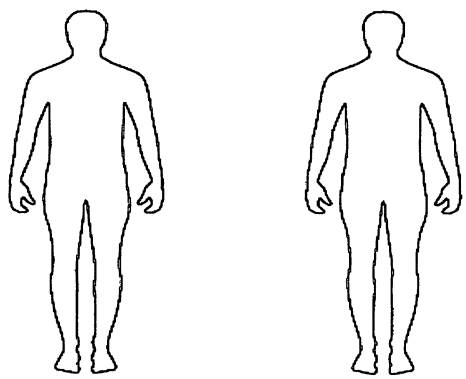

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TEAM NUMBER & AGE: **COACH NAME:**	_____ **Director Signature & Date**