

**HAYSHIRE UCC  
Accident/Incident Form**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

“Approved Adults” \_\_\_\_\_

\_\_\_\_\_

List injured person(s): \_\_\_\_\_ Number of people involved: \_\_\_\_\_

1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

4. \_\_\_\_\_ Age: \_\_\_\_\_

Where did the incident occur: \_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contact notified:     \_\_\_ Yes     \_\_\_ No

Was first-aid administered:     \_\_\_ Yes     \_\_\_ No

Was emergency attention needed:     \_\_\_ Yes     \_\_\_ No

If yes, when were they called: \_\_\_\_\_ Response time: \_\_\_\_\_

Did the person go to the hospital:    \_\_\_ Yes        \_\_\_ No

