



INCIDENT/ACCIDENT REPORT FORM

- A reportable accident is an incident occurring while the participant is under YCTC jurisdiction resulting in bodily injury and/or results in necessary outside medical attention.
- Report must be completed and returned to the YCTC office within 24 hours of the incident.

Date Completed _____ YCTC Program _____

Date of Accident/Incident _____ Time _____ Location _____

Participant Name _____ Age _____

Parent/Guardian _____ Phone _____

Parent notified (date/time) _____ by whom _____

What happened _____

Witness(s) _____

Who was supervising _____

First Aid Administered Yes No What type: _____

By whom _____ Was 911 called? Yes No

Name & Signature of Person Completing Form

Name: _____ Signature _____

Signature of Program Director _____

Signature of Executive Director _____