Incident-Emergency Report

Name of Injured or Person(s) involved				
Address	_City	State	Zip_	
Phone()	DOB		Sex N	1F
Date of Injury	Time of Injury			
Staff Person Responding to Incident	Time notified			
Location of Incident:				
Nature of Incident: (Circle) Sprain Bruise Animal Bite* Puncture Other(specify)				_
Body Part Injured or Illness				
Description of Incident				
Witness				
First Aid /Emergency Measures Taken				
First Aid Administered by				
Was EMS Called?YesNo				
Copy of Report Given to (print name)				
Signature of above			Date	
Relationship to injured ParentTeacher	Other			
Name of person filling out report				
Signature of person filling out report			Date	
Farm Owner			Date	
Witness Signature			Date	

Source: www.safeagritourism.com/Resources. Adapted from resources provided by the North Carolina Agromedicine Institute, with funding provided by the National Institute for Occupational Safety and Health (NIOSH) Award 5U540H009568-04 through a grant from the National Children's Center for Rural and Agricultural Health and Safety (NCCRAHS)

^{*}Animal bites need to be reported to the appropriate authority.