

INCIDENT REPORT

Central WI Royal Family Kids

NAME <i>child or adult</i>		LOCATION <i>camp/club</i>
CHILD'S CONTACT INFO		BIRTHDATE <i>mm/dd/yyyy</i>
		AGE
INCIDENT DATE <i>mm/dd/yyyy</i>	INCIDENT TIME	INCIDENT LOCATION
INVOLVED PARTIES <i>including witnesses</i>		

INCIDENT TYPE

check all that apply

<input type="checkbox"/>	Abuse Allegation
<input type="checkbox"/>	Altercation Physical or Verbal?
<input type="checkbox"/>	Behavioral Issue
<input type="checkbox"/>	Suicidal Ideation/Self Harm

<input type="checkbox"/>	Injury
<input type="checkbox"/>	Medical Concern
<input type="checkbox"/>	Medication Reaction
<input type="checkbox"/>	Other, please specify

INCIDENT NARRATIVE *include all relevant details, use back in needed*

RECOMMENDATIONS

CONTACTED *camp director, camp social worker, caseworker, caregiver, police, etc.*

PRINT NAME

SIGN NAME

POSITION

DATE