

M.G.A.I - INCIDENT REPORT FORM

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

EVENT: _____

VENUE: _____

INJURED PERSON: _____

INJURED PERSON DATE OF BIRTH: _____

PARENT / GUARDIAN PRESENT: _____

DESCRIBE WHAT ACTIVITY WAS
TAKING PLACE:

GIVE DETAILS OF THE INCIDENT:

GIVE DETAILS OF THE ACTION TAKEN
including any First Aid Treatment:

NAMES OF FIRST AIDERS:

WHAT HAPPENED TO THE INJURED
PERSON FOLLOWING THE INCIDENT?

WITNESSED BY:

WITNESS SIGNATURES:

All of the above facts are a true and accurate record of the incident

SIGNED: _____

DATE: _____

NAME: _____