



## Participant/Spectator/Volunteer Incident Report Form

Complete this incident report if anyone participating in or watching an event you are hosting at a Hastings Public Schools facility becomes injured. Complete a separate form for each person involved.

Name of Injured Person \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Preferred Phone Number \_\_\_\_\_

Email Address (if applicable) \_\_\_\_\_

Location, Date and Time of Injury \_\_\_\_\_

Type of Incident: Cut/Bruise Fall Burn Broken Bone Sprain/Strain Confrontation

Were Police/911 contacted? \_\_\_\_\_ Time \_\_\_\_\_ Ambulance Sent? \_\_\_\_\_

Describe Incident/Injury:

Was first aid administered? By whom? \_\_\_\_\_

Was an emergency contact for the injured notified? Who? \_\_\_\_\_

Witnesses (if any)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name of Person Making Report \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Making Report \_\_\_\_\_ Date Sent \_\_\_\_\_

**SEND IMMEDIATELY TO: Kari Gorr, Director of Community Education**

**[kgorr@hastings.k12.mn.us](mailto:kgorr@hastings.k12.mn.us) FAX 651-480-7680**

**Tilden Community Center, 310 River Street, Hastings, MN 55033. 651-480-7670**