

Appendix B: CFS Incident Report

Student Name: jfkdl
CFS Activity: _____

Date: _____ Time: _____am/pm
Leader(s) Present: _____

Incident appeared:

- minor (ice and rest required)
- moderate: (first aid required)
- to require follow-up (parents were immediately contacted to provide medical care)
- an emergency: student was taken to the hospital or ambulance was called

Parents were contacted: immediately within the hour at pick-up
 were not reachable by emergency personnel

Activity Coordinator was contacted _____ and incident report filed _____
Board Ambassador for activity was given incident report: _____(initial)

Describe incident:

Signed, _____ as Witness Reporter

For Board Ambassador: Please report any follow-up or reporting required:

Signed, _____