YMCA YOUTH EXCHANGES CANADA

# Accident/Incident Report

# *Should a participant be involved in an accident or incident such as a fire or theft, submit this report to the YMCA Exchange office within four hours of the incident.*

Name of person involved (if any) Age M F

Phone

Home address

Emergency contact name Relation to person involved

Phone : home work

Type of incident (fire, theft, injury)

Date of incident Time of incident

Where did it happen?

Describe exactly what happened. Use extra paper if needed.

In the case of accident or injury, describe what action was taken and by whom?

Witness name Phone Address

Witness name Phone Address

Witness name Phone Address

Ambulance requested

yes

no Time requested Time arrived Badge no.

Police requested

yes

no Time requested Time arrived Badge no.

Cab

yes

no Time requested Time arrived Cab company and car no.

Were the news media present?

yes

no Which ones?

Your name Phone Date

Emergency #

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# Accident Follow-Up

*Please fill out this form for any injury or emergency. Call the parent or guardian to ask about recovery. You should make the first call within 24 hours and the second within a week. Submit the form to the YMCA Exchange office.*

Call made by

Date Person contacted

Injury status and remarks

Call made by

Date Person contacted

Injury status and remarks

Call made by

Date Person contacted

Injury status and remarks