South Central Conference of SDA Accident/Injury/Incident Reporting Procedure

1. Stay calm and reassuring to keep the situation from getting out of control.

2. Immediately make contact with the medical personnel **on call** if medical attention is needed.

3. Immediately make contact with the parent or guardian of the individual or child.

4. Immediately make contact with the director for that activity or department.

5. Immediately made contact with the Conference Risk Manager.

6. Write down all pertinent information, name, address, phone numbers, witnesses, time of incident, etc.

7. Remember to fill out the Incident Report completely.

8. Use the **same** Incident Report for **all** incidents, including injuries and non-injuries. Record the facts, observations, statements, and describe what happened at the scene.

9. If the person injured is under the age of 18, he/she must be released into the care of the parent/guardian and a signature from the parent/guardian must be obtained for this report.

10. If the person injured is over the age of 18, he or she must sign the report if the injury does not prevent.

11. Please obtain a signature of either the individual or parent/guardian before this report is filed.

12. The **white** copy of form is returned to the Conference Risk Manager within 24 hours of incident/injury.

13. The **yellow** copy of form remains in the possession of the director for that activity or department.

14. The **pink** copy goes to the parent or guardian of the individual or child within 24 hours.

South Central Conference of SDA
Accident /Injury/Incident Report

Accident = An unplanned event which cuases injury and/or damage to property and/or equipment.

Incident = An unplanned event which causes or could have caused injury and/or damamge to property and/or equipment.

Person Involved in Accident/Injured/Incident

Individual's Name	Address/Telephone Number	Date of Birth

(please check one) Conference Worker ☐ Staff Worker ☐ Camper ☐ Student ☐ Visitor ☐

List Adults Present:

Details of the Incident

Time of Incident	Date of Incident	Location of Incident (Please be specific)
AM/PM	____/____/____	

Describe the incident/accident (Include all information)

Details of Injury or Illness

Part of body affected, eg. Arm, leg:	Name of Illness or description of injury
Left ☐ Right ☐	

Medical Attention Given By: (please check all that apply)

First Aid Personnel ☐ Camp Meeting Nurse ☐ Hospital ☐ Private Doctor ☐

Name of Person providing Medical Attention: _____

Notification

911 Called Time: _____ Transportation Used Type: _____

Parent Called Time: _____ Ambulance Called: _____

Reached: _____ By Whom: _____

Message Left: _____ Hospital/Clinic: _____

Physician Called Time: _____ Signature of Parent/Guardian _____

Signature of Person Completing this Report: _____ Date _____

Signature of Person Supervising Area: _____ Date _____

Signature of Conference Risk Manager: _____ Date _____