



INCIDENT REPORT FORM

Date of Incident: _____

Time: _____ AM/PM

Location: _____

Ambassador: _____ Ambassador Phone #: _____

Faculty Support: _____ Faculty Support Phone #: _____

If a School-Based Club, Name of School: _____

Name of injured person: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male _____ Female _____

Type of injury/incident _____

Details of incident:

(Add additional sheets if necessary)

Injury requires physician/hospital visit? Yes _____ No _____

Name of physician/hospital: _____

Parent/Guardian Contacted:

Name: _____

Date: _____

Time: _____ AM/PM

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Signature of child's parent/guardian (if present) Date

Kindness Ambassador Signature Date

Faculty Support Signature Date

Copies of Completed Form Should be

_____ **Given to Faculty Support to Submit to School Administration**

_____ **Submitted to AmbassadorSupport@kindnessmatters365.org**

Within 24 Hours of the Incident.

Maintain Original for Club Records.