

Program for Minors Incident Report Forms



Please complete the following information within 24 hours of any incident involving injury to or affecting the health or safety of a Program Participant. This form should be delivered to RMS at 700 North Texas Blvd, or faxed to (940) 565-4919.

Program Participant Information:

Program Name: _____

Participant's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____ Phone No: () _____

Home Address: _____

City: _____ State: _____ Zip: _____

Program Director Name: _____ Phone No: () _____

Incident Information:

Date of Incident: _____ **Time of Incident:** _____

Description of Injury/Illness: _____

Name(s) of Witnesses of Injury/Illness

Phone No.

_____	()	_____
_____	()	_____
_____	()	_____

Individual Transported to Hospital: ____ Yes ____ No

Actions taken: _____

Name of Individual Completing Report:

Phone No: () _____ **Date Report Completed:** _____