

Programs for Minors Incident Report Form

University of North Texas at Dallas

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 7300 University Hills Blvd. in Dallas, TX.

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:** _____