

APPENDIX G

District 5040 Youth Incident Report

1. Program/Event _____
RYLA, Interact Project or Event, Interact Conference, YEX, STEP, Other

2. Date of Injury: _____ 3. Location: _____

4. Name: _____ 5. Phone: _____

6. Parent/Guardian: _____ 7. Contact: _____

8. Clinic/Hospital Visit: _____ 9. Method: _____

10. List Incident Information

11. Parent/Guardian Notified: _____

12. Staff Assistance: _____

13. _____
Program Chair Signature Date

14. _____
District Youth Chair Date