



OASC Incident Report

All reports of accidents, incidents, injuries or leadership problems are to be reported on this form and sent to the Executive Director and/or OASC Board Chair.

Name of person(s) involved:		
Type of Incident	<input type="checkbox"/> Medical Accident / Injury	<input type="checkbox"/> Behavioral
<input type="checkbox"/> Illness	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Allergic Reaction
<input type="checkbox"/> Homesick	<input type="checkbox"/> Complaint	<input type="checkbox"/> Other (please be specific)
Date, time and location of incident:		
Describe the Incident:		
Action Taken and by whom?:		
Were parents/guardians notified? ____ Yes ____ No Name of parent/guardian contacted _____		
By Whom? _____ Title _____ When _____		
Parent's Response		
Form completed and submitted by?		
Name _____ Position _____ Phone _____		
Signature _____ Date _____		
Notes / Comments:		