



BUFFALO
GROVE
PARK
DISTRICT

Accident/Incident Report Log: 2017

Note: DO NOT use this form if EMS is called; when medical care is advised; when head or neck injuries are suspected; or when site conditions are involved.

Name: _____ **Age:** _____

Address: _____

Phone: _____ **Date:** _____

First Aid Administered: _____ **By:** _____

What occurred and where: _____

Name: _____ **Age:** _____

Address: _____

Phone: _____ **Date:** _____

First Aid Administered: _____ **By:** _____

What occurred and where: _____

Name: _____ **Age:** _____

Address: _____

Phone: _____ **Date:** _____

First Aid Administered: _____ **By:** _____

What occurred and where: _____

Program Supervisor: _____ **Date:** _____ **Risk Manager:** _____ **Date:** _____

Program / Location: _____



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