Dream. Believe. Achieve.

FIELD TRIP INCIDENT REPORTING FORM

Date: Time: ○ am ○ pm

Student Name: Type of Injury:

Details of Incident:

Location of incident:

Was First Aid Administered? ○ yes ○ no

If YES, by whom?

Was student transported to an emergency medical facility? ○ yes ○ no

If YES, which one?

Parents/caregivers notified? ○ yes ○ no

Notes:

Form submitted to principal? ○ yes ○ no

Date and time submitted to principal: ○ am ○ pm

(Educator-in-charge's Name)

(Educator-in-charge signature)

Notes: