ISLAND DANCE

Incident / Injury Report

General Details:

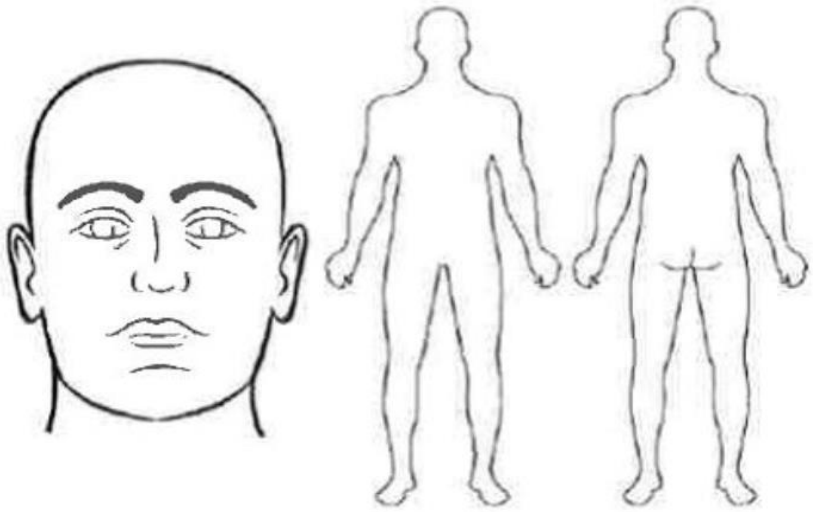
Completed By:				**Date:**	
Teacher in Charge:					
Date Of Incident:		**Time Of Incident:**		**Date Of Report:**	
Class Of Incident:	☐ Non Physical Incident		☐ First Aid Treated		☐ Medical Treatment.
Description Of How Incident Occurred:					

Person Details:

Name:		**DOB:**	
Contact Number:		**Gender:**	☐ Male ☐ Female
Address:			

Physical Injury Details:

Part Of Body Injured:	Part of body injured (Please mark below with circle):



Nature of Injury:
☐ Head / Intracranial
☐ Sprain
☐ Strain
☐ Burns
☐ Injury to Spinal Cord
☐ Joint / Ligament Damage
☐ Eyes
☐ Fractures
☐ Laceration / Amputation
Other:

Non-Physical incident Details:

Description nature of incident:	

Treatment:

Treatment Type:	☐ Other	☐ Onsite First aid	☐ Medical treatment
Treatment Administered:			

Additional Information:

Detail any additional information as required:

Parents / Guardians Comment:

Detail any comments Parents or Guardian give or wish to include:

Sign Off:

	Name:	**Signature:**	**Date:**
Teacher			

	Name:	**Signature:**	**Date:**
Parent / Guardian			

	Name:	**Signature:**	**Date:**
Principle / Director	Marie Buck		