

## VOLUNTEER/CONTRACTOR/PUBLIC Incident Report

<b>School Name:</b>	<b>Name of Individual Injured:</b>
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### Injured Individual Personal Information

Home Mailing Address:	Home/Cell Phone:
City/Town:	Postal Code:

Date of incident:	Time of incident:	
Location of incident:		
Description of Injury: Body Part(s) affected:		
Brief Account of Incident (attach additional page if required):		
First Aid Administered:	Administered By:	
Other Treatments: (hospital/clinic/ambulance)	If yes, Time Family Contacted:	
Division Property Damage:	Personal Property Damage:	Motor Vehicle Accident:
Name of Supervisor Contacted:		Time of Contact:

Witness(es)	Name:	Phone:
Witness(es)	Name:	Phone:

Reported Submitted by:	Signature:	Date Submitted:
Date/Time Emailed/Faxed to Central Office:		Report #: <small>(internal use only)</small>

**Please keep original copy in school file. Email copy to Central Office: [stockerL@lrzd.ab.ca](mailto:stockerL@lrzd.ab.ca) or fax 403-553-0370**