

TROOP 198 ETTERS, PA

REPORT OF INCIDENT

DATE _____

TIME _____

DESCRIPTION OF INCIDENT _____

OUTING LOCATION _____

CARE PROVIDED _____

RE-ASSESSMENT (if needed) _____

EXTENDED CARE REQUIRED (Y/N) IF REQUIRED - LOCATION _____

FOLLOW-UP DIRECTIONS _____

PERSON PROVIDING CARE _____

RESULT OF FOLLOW-UP _____

PERSON COMPLETING FOLLOW-UP _____

FOLLOW-UP WITH PARENT DATE AND TIME _____

SIGNATURE OF PARENT _____