



BUFFALO
GROVE
PARK
DISTRICT

Accident/Incident Log

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/Manager: _____ Date: _____ Risk Manager: _____ Date: _____

Superintendent: _____ Date: _____ Program/Location: _____