



# CANADIAN FEDERATION of INDEPENDENT SCOUTING

## INCIDENT REPORT

We protect and respect your privacy. Your personal information is used to communicate within our association as well as with our insurance provider. We do not provide or sell this information outside our association.

### Leaders:

All incidents are documented and reported, Incidents include illnesses, injuries, discipline problems, conflicts, frightening situations or any unusual or unexpected occurrences. Fill out one form for each person involved in the incident.

**Part A:** Complete this for all incidents and forward to your Group Committee who will forward to the insurance co-ordinator. This includes incidents at International Camps with a copy forwarded at the earliest moment

**Part B:** Complete in addition to Part A. If the incident is considered a "serious incident" as defined by the policy. Forward to National Office within 5 days of the incident if possible to, email: akelabob16@hotmail.com or by mail to, National Commissioner, 43 EARLSBRIDGE BLVD. BRAMPTON. ONTARIO. L7A 2L8

### PART A:

Name of person involved: \_\_\_\_\_

Address: \_\_\_\_\_

Guest     Member     Volunteer     Under 18     Over 18 or older

Parent(s) / Guardian(s): \_\_\_\_\_ Phone # \_\_\_\_\_

Section Name: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Names of all other participants directly involved: \_\_\_\_\_

Names of witnesses: \_\_\_\_\_

Was parent / guardian contacted:     Yes     No    When (date /time)? \_\_\_\_\_

Describe the incident in full detail (attach additional sheets as necessary) \_\_\_\_\_

Was any outside help called in? (Emergency Medical Services (911), caretaker, police, fire, etc.)     Yes     No

If yes, describe who was called and what they did: \_\_\_\_\_

Were there any injuries resulting from this incident?     Yes (complete part B)     No

If Yes, was the participant taken to:     Health Care Professional    OR     Medical Facility

Name / address of health care professional or medical facility: \_\_\_\_\_

Describe in detail any other measures taken once the incident was reported: \_\_\_\_\_

Did the person continue to participate in the event / activity?     Yes     No

Was the participant sent home?     Yes     No    If, yes when (date and time)? \_\_\_\_\_

Note any information relevant to their departure: \_\_\_\_\_

Form prepared by (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Position held: \_\_\_\_\_

Date: \_\_\_\_\_

Leader / Supervisor (if different): \_\_\_\_\_

Signature: \_\_\_\_\_



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PART B:

Describe illness or detail how injury occurred (attach additional sheets as necessary)

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For injuries, describe or diagram:

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Describe First Aid given:

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By whom? \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Additional comments: \_\_\_\_\_

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Follow up: \_\_\_\_\_

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If taken to a health care professional / facility, when? (Date and time): \_\_\_\_\_

Print name of person accompanying participant to health care professional / facility: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Did health care professional / facility contact parent / guardian?

Yes

No

Was medication prescribed?

Yes

No

Activity limitations prescribed: \_\_\_\_\_

Follow-up prescribed: \_\_\_\_\_