

ZWIAZEK HARCERSTWA POLSKIEGO w KANADZIE
Polish Scouting Association in Canada Inc.

Preliminary Incident Report

PLEASE PRINT CLEARLY IN INK. This report *must* be completed in English in duplicate and one copy returned within seven days of the accident, illness or other occurrence to:

Please Fax completed form to HEAD OFFICE

Fax # _____

Name of Participant: _____ Birth date _____

Address _____
No. Street City Province Postal Code

Custodial Parent or Guardians Name: _____ Telephone _____

Hufiec _____ Szczęp _____ Drużyna _____

Name of person in direct authority and position (funkcja): _____

Date of Incident _____ Time _____ Place of Incident _____

Did it happen during an approved Scouting Activity? (Y/N) Does it involve Property Damage? (Y/N)
Does this incident involve bodily injury? (Y/N) Other _____

If Medical Attention provided, by whom? Name: _____

Which Hospital / Clinic ? _____

State briefly the details of **how**, **when**, and **where** the incident took place. Include description of any injury or damage, and any action taken.

(Use additional page if necessary)

Was parent/guardian notified? Name of parent contacted: _____

When? _____

Person in charge of activity: _____

List any witnesses present (include Phone #) _____

Position: _____

Address: _____

Phone: _____

Date: _____

Signature: _____

Name of person completing this form: _____

Position: _____

Signature: _____