



**C.A.S.T. For Kids Accident Report Form**

**Involved Party**

Date of Incident: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Time of Incident: \_\_\_\_\_

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

Was 911 Called Yes No

Name of Parent or Guardian (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Injury (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Description of incident and where it took place:

\_\_\_\_\_

\_\_\_\_\_

Type of treatment given on site and who treatment was given by:

\_\_\_\_\_

\_\_\_\_\_

Any Additional Actions Taken:

\_\_\_\_\_

\_\_\_\_\_

Witness statements: (include name and contact information of witness)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of the Event Coordinator

\_\_\_\_\_

Event Location

\_\_\_/\_\_\_/\_\_\_

Report Date

\_\_\_\_\_

Witness Name

\_\_\_\_\_

Phone Number

\_\_\_/\_\_\_/\_\_\_

Report Date

**In the event of an accident involving anyone in attendance at your event, please contact your Regional Director. Take photos of environment where injury took place.**

**Please scan/email a copy of this completed form to your Regional Director immediately.**