



# Kentucky District Royal Rangers Incident Report

Location where incident/accident took place \_\_\_\_\_

Date of incident/accident \_\_\_\_\_

Name of injured person(s) \_\_\_\_\_ Approx. age \_\_\_\_\_

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

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

Is the injured person a member of Assembly of God? Yes/ No

Nature of incident/injury and extent of injury:

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Give details of how and precisely where the incident took place. Describe what activity was taking place when the incident/accident occurred.

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Was First Aid administered? Yes/ No By Whom: \_\_\_\_\_

Were any of the following contacted?

Parents/Guardians	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What happened to the injured person following the incident/accident?

E.g., carried on with activity, went home, went to hospital etc.

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Person reporting the incident/accident:

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please submit the completed form to the Camp Coordinator and District Director

Use reverse side of form to add any additional information that you feel is relevant and witnesses phone numbers and addresses.

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