Always call 911 first in an emergency and contact University Health Services for any medical emergency.

SUMMER YOUTH PROGRAM
INJURY OR INCIDENT REPORT

Instructions  This form must be completed by the summer youth program Director or their designee and submitted to the Summer Youth Program Coordinating Committee within twenty-four hours of the injury or incident. An “injury” is defined as an unexpected accident or illness of students or staff requiring emergency medical services or hospitalization. An “incident” includes dismissal of a student or staff, missing or lost student or criminal activity. This information is critical to ensure that the appropriate programs, departments and agencies are notified.

1. Name of Program:__________________________________________________
2. Individual completing this form_______________________________________
3. Name of Program Director:_______________________ Telephone: __________

4. Today’s Date:___________                  Date of Injury/Incident:_______
   Time of injury ________ (am/pm)

5. Did the injury involve a student, staff person or both?:___________________________
   Age of student and/or staff person ____ Gender: Male ______  Female ______

6. Briefly describe the injury / incident and the response actions taken:
   (Please do not include the name or other personal identifying information)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
7. Did the injury / incident occur on the campus? If not, specify the off-site location where the injury occurred. (Please describe the exact location)
________________________________________________________________________

8. Was the student sent home as a result of the injury / incident? Yes _____ No _____

9. Was more than one student injured or involved: Yes _____ No ____  If yes, how many? _____

10. Did the injury / incident involve alleged abuse/neglect? Yes _____ No _____

11. What follow up actions were taken or changes made in the program, its environment, or operation to prevent a reoccurrence? (Please describe specific changes) If no changes were made please explain why not.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

12. Details of Injury Please check all that apply.
   a. What body part(s) were injured?
      Head/Skull _____ Face _____ Neck _____ Arm _____ Hand _____
      Back _____ Abdomen _____ Leg _____ Ankle _____ Foot _____
      Other, please specify_______________________________________________

   b. How did the injury occur?
      Falling _____ Collision with person or object _____
      Struck by another person or object _____ Drowning or near drowning _____
      Bite or sting _____ Cut _____ Burn _____
      Other, please specify_______________________________________________

   c. Where was the injured person treated?
      Treated by campus nursing staff ________________________________
      Treated in hospital Emergency Room, Physician’s Office _____________
      Admitted to Hospital _____
      Other, please specify ____________________________________________

Submitting the Form The completed form should be sent by email to peter.schneider@umb.edu; and darryl.mayer@umb.edu; If you have questions call Peter at (617) 799-7842 or Darryl at (617) 438-8703.