SUMMER YOUTH PROGRAM
INJURY OR INCIDENT REPORT
2019

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. Please be sure to fully complete the Corrective Action section (Question 11).

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)

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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. Corrective Actions 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 Zehra Schneider Graham at Zehra@umb.edu and darryl.mayer@umb.edu. If you have questions call Peter at (617) 293-6840 or Darryl at (617) 438-8703.

6.11.19 pls