

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

SUMMER YOUTH PROGRAM

INJURY OR INCIDENT REPORT

2024

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).

2.	Name of Program: Individual completing this form Name of Program Director:	
4.	4. Today's Date: Date Time of injury(am/pm)	of Injury/Incident:
5.	5. Did the injury involve a student, staff person Age of student and/or staff personGenderates.	or both? ler: Male Female
5.	6. Briefly describe the injury / incident and the (Please do not include the name or other p	

	Did the injury / incident occur on the campus? If not, specify the off-site location where the inju occurred. (Please describe the exact location)			
8. Was	the student sent home because of the injury / incident? YesNo			
9. Was	s more than one student injured or involved: YesNoIf yes, how many?			
10. Dio	the injury / incident involve alleged abuse/neglect? Yes No			
env	rective Actions What follow up actions were taken, or changes made in the programment, or operation to prevent a reoccurrence? (Please describe specific changes) ages were made, please explain why not.			
12. <u>Det</u>	hils of Injury Please check all that apply. That body part(s) were injured? Head/Skull Face Neck Arm Hand			
	Back Abdomen Leg Ankle Foot			
	Other, please specify			
b. H	FallingCollision with person or object Struck by another person or object Drowning or near drowning Bite or sting Cut Burn	-		
	Other, please specify.	_		
c. V	There 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 <u>zehra@umb.edu.</u> If you have questions call Zehra at (617) 293-6840