



## First Tee – Canada Accident/Incident Report Form

Name of reporting individual: \_\_\_\_\_

Program Location: \_\_\_\_\_

Name of person(s) involved: \_\_\_\_\_

Date and approximate time of incident: \_\_\_\_\_

Type of accident/incident (please circle all that apply or describe under "other")

Injury

Bullying

Harassment

Abuse

Physical Misconduct

Other:

Parent/Guardian present?      Yes      No

Parent/Guardian notified?      Yes      No

Name of parent/guardian informed: \_\_\_\_\_

Please describe the accident/incident, action taken, and if any follow up is required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Additional Notes (if required):

A series of horizontal dashed lines providing space for additional notes.