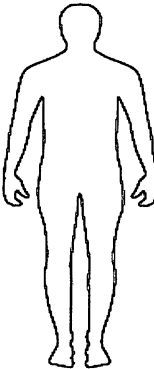
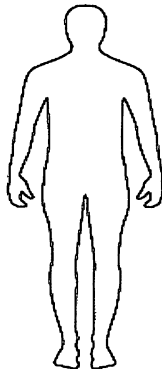


SAMPLE

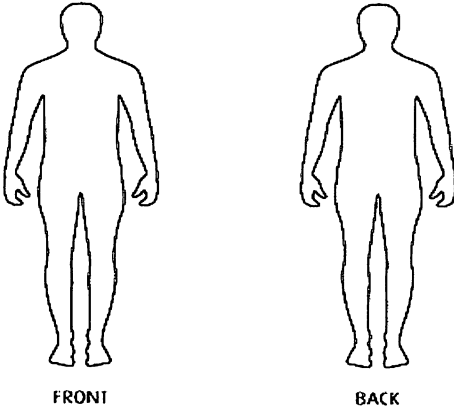
JOINT BASE LEWIS MCCORD CHILD & YOUTH SERVICES
CHILD OR YOUTH INCIDENT REPORT

| | | | | |
|---|---|--|--|---|
| Name of Child/Youth Involved: Amazina Star | | Age: 7 | Date & Time of Incident: 10 Sep 2021 1000 AM | |
| Location of Incident Facility: LNAC | | Program Area: Field | | |
| <input checked="" type="checkbox"/> Sports Field | <input type="checkbox"/> Sports Gym Bldg. 2295 | <input type="checkbox"/> School Gym | <input type="checkbox"/> Instructional Class | <input type="checkbox"/> Learn Center |
| Description of Incident (Mark all that apply) | | | | |
| <input type="checkbox"/> Minor Cut | <input type="checkbox"/> Bite | <input type="checkbox"/> Bleeding | | |
| <input type="checkbox"/> Minor Scrape | <input checked="" type="checkbox"/> Bruise-Mark | <input type="checkbox"/> Open Wound | | |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Swelling | <input type="checkbox"/> Bloody Nose | | |
| <input checked="" type="checkbox"/> Painful extremity | <input checked="" type="checkbox"/> Head Injury | <input type="checkbox"/> Other: | | |
| Indicate Injury | | Parent/Guardian Notified Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | Time Of day | Type of Contact (In-person, phone, left message) | Who did you contact? (parent-guardian-emergency contact) |
| | | 1000 | on-site | person-person |
| | | COACH staff Initials | AS | |
| Minor First Aid Provided by CYSS | | | | |
| <input type="checkbox"/> Cleaned w/Soap & Water | | | | |
| <input type="checkbox"/> Applied Band-Aid | | | | |
| <input checked="" type="checkbox"/> Cold Pack | | | | |
| <input checked="" type="checkbox"/> Rested | | | | |
| <input type="checkbox"/> Other (describe) | | | | |
| Objective Written Description of Incident | | | | |
| Describe in detail what happened to the child or youth. (use back side of form if needed) Amazina & another player were running for the ball and collided. Amazina's cheek has a small mark on left side. | | | | |
| Name of CYS COACH-Staff who observed incident: Athletic Scout | | | | |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO----Were there other children or adults involved in the incident? If yes, explain how without using other children's names: Two child trying to go for same ball. Heads were hit. | | | | |
| Other Resources | | | | |
| <input type="checkbox"/> 911 Called | <input type="checkbox"/> Emergency Room | <input type="checkbox"/> APHN | <input type="checkbox"/> MPs | |
| <input type="checkbox"/> 911 Transported | <input type="checkbox"/> MAMC | <input type="checkbox"/> SWS | <input type="checkbox"/> CYS Nurse | |
| <input type="checkbox"/> Safety Office | <input type="checkbox"/> CYS Branch Administrator | | <input type="checkbox"/> CYS Chief | |
| <u>Signature here 10 Sep 21</u> COACH-Staff Signature & Date | | ★ _____ Parent/Guardian Signature & Date | | |
| TEAM NUMBER & AGE: 7-8 #1 | | ★ _____ Director Signature & Date | | |
| COACH NAME: Athletic Scout | | | | |

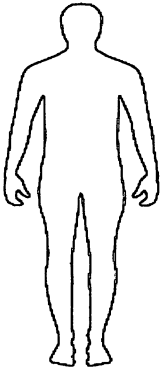
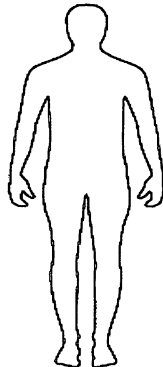
JOINT BASE LEWIS MCCHORD CHILD & YOUTH SERVICES
CHILD OR YOUTH INCIDENT REPORT

| | | | | | |
|---|---|--|--|--|--------------------------------|
| Name of Child/Youth Involved: | | Age: | Date & Time of Incident: | | |
| Location of Incident Facility: | | | Program Area: | | |
| Sports Field | Sports Gym Bldg. 2295 | School Gym | Instructional Class | | |
| Did not occur in CYS setting per parent/guardian | | | Learn Center | | |
| Description of Incident (Mark all that apply) | | | | | |
| Minor Cut | | Bite | | Bleeding | |
| Minor Scrape | | Bruise-Mark | | Open Wound | |
| Scratch | | Swelling | | Bloody Nose | |
| Painful extremity | | Head Injury | | Other: | |
| Indicate Injury | | Parent/Guardian Notified Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
|  FRONT |  BACK | Time Of day | Type of Contact (In-person, phone, left message) | Who did you contact? (parent-guardian-emergency contact) | COACH staff Initials |
| | | | | | |
| | | | | | |
| | | | | | |
| Minor First Aid Provided by CYSS | | | | | |
| Cleaned w/ Soap & Water | | | | | |
| Applied Band-Aid | | | | | |
| Cold Pack | | | | | |
| Rested | | | | | |
| Other (describe) | | | | | |
| Objective Written Description of Incident | | | | | |
| Describe in detail what happened to the child or youth. (use back side of form if needed) | | | | | |
| Name of CYS COACH-Staff who observed incident: _____ | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO----Were there other children or adults involved in the incident? If yes, explain how without using other children's names: | | | | | |
| Other Resources | | | | | |
| 911 Called | Emergency Room | APHN | MPs | | |
| 911 Transported | MAMC | SWS | CYS Nurse | | |
| Safety Office | CYS Branch Administrator | | CYS Chief | | |
| _____ COACH-Staff Signature & Date | | _____ Parent/Guardian Signature & Date | | | |
| TEAM NUMBER & AGE: | | _____ Director Signature & Date | | | |
| COACH NAME: | | | | | |

JOINT BASE LEWIS MCCHORD CHILD & YOUTH SERVICES
CHILD OR YOUTH INCIDENT REPORT

| | | | | |
|---|--------------------------|--|--|--|
| Name of Child/Youth Involved: | | Age: | Date & Time of Incident: | |
| Location of Incident Facility: | | | Program Area: | |
| Sports Field | Sports Gym Bldg. 2295 | School Gym | Instructional Class | |
| Did not occur in CYSS setting per parent/guardian | | | Learn Center | |
| Description of Incident (Mark all that apply) | | | | |
| Minor Cut | | Bite | | Bleeding |
| Minor Scrape | | Bruise-Mark | | Open Wound |
| Scratch | | Swelling | | Bloody Nose |
| Painful extremity | | Head Injury | | Other: |
| Indicate Injury | | Parent/Guardian Notified Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
|  | | Time Of day | Type of Contact (In-person, phone, left message) | Who did you contact? (parent-guardian-emergency contact) |
| | | | | COACH staff Initials |
| | | | | |
| | | | | |
| | | | | |
| Minor First Aid Provided by CYSS | | | | |
| Cleaned w/ Soap & Water | | | | |
| Applied Band-Aid | | | | |
| Cold Pack | | | | |
| Rested | | | | |
| Other (describe) | | | | |
| Objective Written Description of Incident | | | | |
| Describe in detail what happened to the child or youth. (use back side of form if needed) | | | | |
| Name of CYSS COACH-Staff who observed incident: _____ | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO----Were there other children or adults involved in the incident? If yes, explain how without using other children's names: | | | | |
| Other Resources | | | | |
| 911 Called | Emergency Room | APHN | MPs | |
| 911 Transported | MAMC | SWS | CYS Nurse | |
| Safety Office | CYS Branch Administrator | | CYS Chief | |
| _____ | | _____ | | |
| COACH-Staff Signature & Date | | Parent/Guardian Signature & Date | | |
| TEAM NUMBER & AGE: | | _____ | | |
| COACH NAME: | | Director Signature & Date | | |

JOINT BASE LEWIS MCCHORD CHILD & YOUTH SERVICES
CHILD OR YOUTH INCIDENT REPORT

| | | | | | |
|---|---|--|--|--|--------------------------------|
| Name of Child/Youth Involved: | | Age: | Date & Time of Incident: | | |
| Location of Incident Facility: | | | Program Area: | | |
| Sports Field | Sports Gym Bldg. 2295 | School Gym | Instructional Class | | |
| Did not occur in CYS setting per parent/guardian | | | Learn Center | | |
| Description of Incident (Mark all that apply) | | | | | |
| Minor Cut | | Bite | | Bleeding | |
| Minor Scrape | | Bruise-Mark | | Open Wound | |
| Scratch | | Swelling | | Bloody Nose | |
| Painful extremity | | Head Injury | | Other: | |
| Indicate Injury | | Parent/Guardian Notified Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
|  FRONT |  BACK | Time Of day | Type of Contact (In-person, phone, left message) | Who did you contact? (parent-guardian-emergency contact) | COACH staff Initials |
| | | | | | |
| | | | | | |
| | | | | | |
| Minor First Aid Provided by CYSS | | | | | |
| Cleaned w/ Soap & Water | | | | | |
| Applied Band-Aid | | | | | |
| Cold Pack | | | | | |
| Rested | | | | | |
| Other (describe) | | | | | |
| Objective Written Description of Incident | | | | | |
| Describe in detail what happened to the child or youth. (use back side of form if needed) | | | | | |
| Name of CYS COACH-Staff who observed incident: _____ | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO----Were there other children or adults involved in the incident? If yes, explain how without using other children's names: | | | | | |
| Other Resources | | | | | |
| 911 Called | Emergency Room | APHN | MPs | | |
| 911 Transported | MAMC | SWS | CYS Nurse | | |
| Safety Office | CYS Branch Administrator | | CYS Chief | | |
| _____ COACH-Staff Signature & Date | | _____ Parent/Guardian Signature & Date | | | |
| TEAM NUMBER & AGE: | | _____ Director Signature & Date | | | |
| COACH NAME: | | | | | |