Incident Report Form: Injury or Medical Event

Complete this form as soon as possible after any injury, illness, or medical event at the academy or an academy activity. Write facts only. Keep the completed form in a secure file.

Important notice: This is a free sample safety document. It is a starting point, not a finished policy, and it is not a legal document or legal advice. Laws differ by location. Have a qualified attorney review and adapt it for your academy before use. Academy Safe is not responsible for errors or missing information in this document, or for how it is used. In an emergency, call 911.

Academy name: _____

Academy address: _____

Effective date: _____

Last reviewed: _____

Event Details

Date of event: _____

Time of event: _____

Location (room, mat area, off site address): _____

Class or activity at the time: _____

Instructor in charge: _____

People Involved

Name	Role (student, staff, visitor)	Age if minor	Phone

Description

What happened, in order, using facts only:

_____

_____

_____

_____

_____

Injury or symptoms observed (body part, type, severity):

_____

_____

_____

Response

First aid given, by whom, and at what time:

_____

_____

_____

Was an AED used? Yes / No If yes, by whom: _____

EMS (911) called? Yes / No Time called: _____

EMS arrival time and agency: _____

Transported to hospital? Yes / No Facility: _____

Concussion suspected? Yes / No If yes, student removed from activity and not returned the same day

Parent or Guardian Notification (for minors)

Parent or guardian name: _____

Notified by: _____

Method (phone, in person, text): _____

Date and time notified: _____

Witnesses

Witness name	Phone or email	Statement attached (Y/N)

Follow Up

Follow up actions (contact with family, medical clearance received, equipment or mat repair, policy review):

_____

_____

_____

Follow up completed by: _____

Date completed: _____

Sample safety template from Academy Safe, academysafe.org. Not legal advice. Have a qualified attorney review before use.

Signatures

Person completing report name: _____

Signature: _____

Date: _____

Instructor in charge name: _____

Signature: _____

Date: _____

Academy owner or manager name: _____

Signature: _____

Date: _____

Notice

This is a free sample safety document. It is a starting point, not a finished policy, and it is not a legal document or legal advice. Laws differ by location. Have a qualified attorney review and adapt it for your academy before use. Academy Safe is not responsible for errors or missing information in this document, or for how it is used. In an emergency, call 911.

Academy Safe is a verification registry for martial arts academies. It is not a legal authority, and use of this template does not by itself mean an academy is accredited.