

**INJURY/INCIDENT REPORT**

**Date Incident Occurred:** \_\_\_\_\_ **Approximate Time:** \_\_\_\_\_ **AM**  **PM**

**Person Filling out the Report:** \_\_\_\_\_

**SOTF Event Name/Location:** \_\_\_\_\_

**Hostess Name:** \_\_\_\_\_

**Injured/Affected Persons Name(s):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Male**  **Female**  **DOB:** \_\_\_\_\_

**Details of Incident** (continue on back of page if more space is needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Incident Witnesses and Phone Numbers** (please list all): \_\_\_\_\_

\_\_\_\_\_

**Injured/Affected Persons Relationship to Event** (SOTF, SOTT, grandchild, spouse, etc.):

\_\_\_\_\_

**Injury Type:** \_\_\_\_\_

(leg, arm, head, shoulder, etc. - if applicable)

**Was Hospital or Physician Care Needed?** **YES**  **NO**

**Hospital/Doctors Office Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Address:** \_\_\_\_\_

(if applicable)

**Injured/Affected Person's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(or Guardians signature if a minor)

**Emergency Contact Person and Contact Information:** \_\_\_\_\_

\_\_\_\_\_

**When was Emergency Person Contacted:** \_\_\_\_\_

*After completing this report send a copy to: [Debra@sistersonthefly.com](mailto:Debra@sistersonthefly.com) and [April@sistersonthefly.com](mailto:April@sistersonthefly.com)*