

# BAY RIDGE BALLET

## INCIDENT REPORT

CHILD'S NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

DESCRIBE IN DETAIL HOW THE INCIDENT OCCURRED: \_\_\_\_\_

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PLEASE LIST ALL WITNESSES: \_\_\_\_\_

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DESCRIBE HOW THE CHILD WAS TREATED FOR THIS INJURY: \_\_\_\_\_

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HOW WAS THE PARENT NOTIFIED & WHAT TIME: \_\_\_\_\_

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STAFF SIGNATURE: \_\_\_\_\_