



Form is to be completed when:

- A child under the supervision of the intern is transported to a source of emergency assistance
• An unusual or unexpected incident occurs which jeopardizes the safety of the intern or a child under the supervision of the intern or staff: such as a child left unattended, a child or intern is exposed to a threatening person, or a vehicle accident during school transportation.
• Intern is injured during school hours.

Forms should be completed and returned to OFS within 48 hours of incident.

Table with 2 columns: CSU Student Name, Date, Mentor Name, Supervisor Name, School Name, District Name, Date of Incident/Injury, Time of Incident/Injury, Location of Incident/Injury.

Was child Involved? (Circle) Yes No If yes, complete Section A If No, complete Section B

Section A

Form for Section A containing fields for Child's Name, DOB, age, Gender, Was Parent Contacted?, Name of person responsible, Type of incident, and Vehicle Accident options.

Section B

Form for Section B containing fields for Name of person(s) involved, Gender, Type of incident, and Did incident occur on school property?

Complete Remainder for all incidents/Injuries

Form for 'Who else was involved in the incident?' including a list of witnesses (names of Staff and/or Youth).

Form for 'Description of incident/ Illness' including type of injury/illness, body parts affected, where incident occurred and what actions were taken.

Form for 'Was First Aid administered?' including Yes/No options and a field for 'List actions taken after illness/injury and by whom:'.

Form for Intern Signature and Supervisor Signature.