



HOSTELLING INTERNATIONAL USA,
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Incident Report Form

Directions: In the event of an accident or injury of any type, regardless of the severity, a written record must be made of any incidents placed on file. A written record will be made on this document and given to HI-Gateway Council management. In the event an accident has been documented by a Volunteer Tour Leader, the following steps will be taken:

1. Document all accidents and injuries on the Incident Report Form Immediately following care.
2. Submit the Incident Report Form with all pertinent information to the volunteer coordinator or executive director within 24 hours of an accident.

Name of Event: _____ Date: _____

Leader(s): _____

Name Of Participant(s) Involved:

(1). _____ SS# _____
Address: _____ phone: _____

(2). _____ SS#: _____
Address: _____ phone: _____

(3). _____ SS#: _____
Address: _____ phone: _____

(4). _____ SS#: _____
Address: _____ phone: _____

Date, Time, Location of Incident: _____

Describe Incident: (collision, fall, illness, etc.) _____

Witness(es): _____

Emergency or Authorities Contacted: _____

Treatment: _____ Taken to Hospital? Y/N

Physician's assessment of injury: _____

Insurance Company: _____ Policy #: _____

Does participant wish to refuse treatment? Y / N

*I (print name), _____ (date) _____, by my own free will have refused the first aid and treatment offered to me at the time of the accident while participating in this HI-Gateway Council trip. Employees, volunteers, and agents of HI-Gateway Council did not render me treatment in accordance with my wishes and I will not subsequently hold them responsible in any way for not doing so.

*(Leader signature) _____ (date) _____