

VIRGINIA DECA INCIDENT FORM

Date _____

| | |
|--|--|
| Name of Student: | |
| Name of School: | |
| Name of Advisor and Phone Number: | |
| Parent Contacted and Phone Number: | |
| Administrator Contacted and Phone or Email | |

Statement of Incident (please be specific including date and time of violation and use additional paper if needed)

Name of Person Submitting Form: _____

Contact Number: _____

Signature of Person Submitting Form: _____

Signature of VA DECA State Advisor or other official: _____

Date Received _____

VA DECA Use Only:

**This form must be submitted immediately to the Virginia DECA State Advisor.
A copy of the student's comprehensive consent form must be attached.**

VIRGINIA DECA INCIDENT FORM

1. Injured / Ill Individual Information

| | | | |
|------------------------|----------------|----------------|------------------|
| Date: | Conference: | | |
| Name: | | | |
| Age: | Student | Advisor | Chaperone |
| Name of School | | | |
| Name of Advisor/Phone | | | |
| Parent Contacted/Phone | | | |
| Admin Contacted/Email | | | |
| Transportation | Ambulance | Private Car | Uber/Taxi |
| | | | Walk |

2. Nature of Incident

Illness Injury Other: _____

3. Details of Injury/Illness

Part of body affected: _____

Type of injury/illness (e.g., fainting, allergic reaction, sprain, cut, etc.): _____

Severity (minor / moderate / severe): _____

4. Immediate Action Taken

First aid provided: Yes No

If yes, describe: _____

Medical personnel called (nurse, EMT, paramedics): Yes No

Transported to hospital/clinic: Yes No

If yes, specify facility: _____

Parent/guardian/emergency contact notified: Yes No

By whom: _____

5. Witness Information

Name(s): _____

Phone/Email: _____

6. Report Completed By

Name: _____ Position/Role: _____

Signature: _____ Date: _____

**This form must be submitted immediately to the Virginia DECA State Advisor.
A copy of the student's comprehensive consent form must be attached.**