

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: _____

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