

# THE HEART MATTERS FOSTER FAMILY AGENCY

## Special Incident/Injury Report

Minor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Witnesses to Incident: \_\_\_\_\_

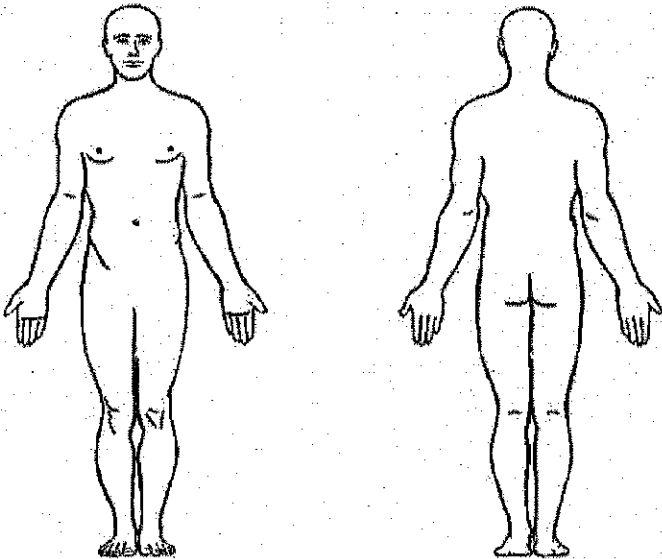
### Type of Incident:

- |  |  |
|--|--|
| <input type="checkbox"/> Injury        | <input type="checkbox"/> Suicidal Behavior         |
| <input type="checkbox"/> Illness       | <input type="checkbox"/> School Incident           |
| <input type="checkbox"/> AWOL          | <input type="checkbox"/> Police Involvement        |
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> Sexually Related Incident |
| <input type="checkbox"/> Pregnancy     | <input type="checkbox"/> Piercing/Tattoo           |
| <input type="checkbox"/> Other: _____  |  |

### Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_

### Please mark any area of injury:



Location of Injury: \_\_\_\_\_

Approximate Size: \_\_\_\_\_

Injury is on Minor's:  Left Side  Right Side  
 Back Side

Medical Treatment Required:  Yes  No

Follow Up Required:  Yes  No

Law Enforcement Required:  Yes  No

Officer's Name: \_\_\_\_\_

Incident Number: \_\_\_\_\_

ASW Notified:  Yes  No

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Photos Taken:  Yes  No