

**RTM ACCIDENT/INJURY FOLLOW UP MEETING REPORT**

*This report is required within one week after a field trip/outdoor excursion accident or injury in order to evaluate the action taken prior to, during and after the incident and to determine if changes in procedures are required to assure our students' safety and well-being*

**Date of Meeting:**  
**Meeting Attendees:**

**Date of Accident/Incident:**

**Brief Description of Accident/Incident: (What happened, not why?)**

**Medical Report Available for File? Yes**☐ **No**☐ **Other**☐  
**Summary of Discussion:**

**Conclusions/Specific Recommendations:**

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**Signature (Outdoor Coordinator/Dept. Chair)**

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**Date**