

**Christ Church Episcopal
Incident Report**

Site where incident/accident took place _____

Date of incident/accident _____

Name of injured person(s) _____ Axp age _____

Address: _____

Phone Number: _____ Email: _____

Is the injured person a member of Christ Church? Yes/ No

Nature of incident/injury and extent of injury:

Give details of how and precisely where the incident took place. Describe what activity was taking place when the incident/accident occurred.

Was First Aid administered? Yes/ No By Whom: _____

Were any of the following contacted?

Parents/Guardians	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What happened to the injured person following the incident/accident?
E.g., carried on with activity, went home, went to hospital etc.

Person reporting the incident/accident:

Name _____ Date _____

Phone _____ Email _____

Please submit the completed form to the Director of Parish Operations

Use reverse side of form to add any additional information that you feel is relevant

