



Incident Report

Accident

Injury

Problem

(circle one)

Today's Date: _____ Date & Time of Incident: _____

Involved Parties: (use the back if more were involved)

Name of child: _____ Age: _____ Parent/Guardian: _____

Injury (if applicable): _____

Action Taken: _____

Name of child: _____ Age: _____ Parent/Guardian: _____

Injury (if applicable): _____

Action Taken: _____

Details of Incident (location / how incident occurred):

Witness to Incident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

More on Back →

Additional Involved Parties:

Name of child: _____ Age: _____ Parent/Guardian: _____

Injury (if applicable): _____

Action Taken: _____

Name of child: _____ Age: _____ Parent/Guardian: _____

Injury (if applicable): _____

Action Taken: _____



Name of person completing form: _____

Role in Ministry (leader, teacher): _____ Phone Number: _____

Were the parents of the injured / involved notified at the time of the incident? _____

If not, please explain why: _____

Additional Notes: _____

When form is complete, please make a copy for each parent / guardian and turn in original to the church office.