



## 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 Student: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Injury (if applicable): \_\_\_\_\_

Action Taken: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Injury (if applicable): \_\_\_\_\_

Action Taken: \_\_\_\_\_

Details of Incident (location / how incident occurred):

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Witness to Incident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

More on Back →

**Additional Involved Parties:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Injury (if applicable): \_\_\_\_\_

Action Taken: \_\_\_\_\_

Name: \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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