

Incident Report



CHURCH OTHER: _____

Name: _____ Age: _____

Date and Time of Accident/Incident: _____

Place of Accident/Incident: _____

Describe Accident/Incident:

Describe nature of injury:

Witness(es) to accident/incident:

What action was taken?

Was Parent/Guardian Contacted? YES NO Time: _____ How? _____

Describe medical treatment/first aid:

Check at least one church official listed who has been notified of incident:

Senior Pastor Date/Time notified: _____

Associate Pastor Date/Time notified: _____

Youth Pastor Date/Time notified: _____

Office Administrator Date/Time notified: _____

Business Administrator Date/Time notified: _____

