

Accident/ Incident Report:

Date of Incident: _____ Prepared by (Name Printed): _____

Is this an: Accident Incident Allegation Other (Specify): _____

Name(s) of Child(ren)/Youth: _____

How was this incident brought to your attention? _____

Adults witnessing or present at the time of the incident: _____

Person reporting the incident: _____

Date, time, and exact location of the incident: _____

Description of the incident as witnessed or reported (continue on back if needed): _____

Did anyone else witness the incident? No Yes - List Names: _____

Instruct witnesses to complete witness form.

Were there injuries? No Yes - Were the injuries visible? No Yes - Please describe: _____

Were the injuries treated? No Yes - How were they treated? _____

Who treated the injuries? _____

Were Parents/guardians notified? No Yes - Date/Time: _____

Is this an incident requiring mandatory notice to the authorities? No Yes

Were any authorities notified? No Yes - Who? _____ When? _____

Were the coordinator, pastor, or other church leaders notified? No Yes
Who? _____ When? _____

Was the insurance company notified? No Yes - When? _____

Please provide any other pertinent information (continue on back if needed): _____

Signature: _____ Position: _____