

# ACCIDENT – INCIDENT REPORT FORM

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

Date / Time of Accident / Incident: \_\_\_\_\_

Place of Accident / Incident: \_\_\_\_\_

Description of Incident/Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Nature of Injury: \_\_\_\_\_

\_\_\_\_\_

Witness(s): \_\_\_\_\_

What action was taken? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was parent / guardian contacted (if applicable)? Time? \_\_\_\_\_ How? \_\_\_\_\_

\_\_\_\_\_

Other persons contacted: \_\_\_\_\_

Describe medical treatment / first aid: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of staff completing form, date / time \_\_\_\_\_

Signature of director / person in charge, date / time: \_\_\_\_\_

Signature of parent / legal guardian, date / time: \_\_\_\_\_