

# Accident/Incident Form



Name:

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Age: \_\_\_\_\_

Date and Time of Accident/Incident:

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Place of Accident/Incident:

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Describe Accident/Incident:

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Describe nature of injury:

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Witness(es) to accident/incident:

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What action was taken?

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Was Parent/Guardian Contacted? YES NO Time: \_\_\_\_\_  
How? \_\_\_\_\_

Describe medical treatment/first aid:

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# Accident/Incident Form



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

Church Secretary                      Date/Time notified: \_\_\_\_\_

Church Director                      Date/Time notified: \_\_\_\_\_

Church Board Member              Date/Time notified: \_\_\_\_\_

Signature of Reporter \_\_\_\_\_

Date/Time \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date/Time \_\_\_\_\_

Signature of Person in Charge \_\_\_\_\_

Date/Time \_\_\_\_\_

Signature of Church Official \_\_\_\_\_

Date/Time \_\_\_\_\_